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# INTERNATIONAL MEDICAL CONGRESS

## Catalogue

OF

# TEMPORARY MUSEUM

HELD AT THE

## GEOLOGICAL SOCIETY

## BURLINGTON HOUSE

**Seventh Session**

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1881

From August 2nd to August 9th

LONDON, 1881

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# MUSEUM COMMITTEE.

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# PREFACE.

THE Committee in charge of the Museum desire to explain that the exhibitors are alone responsible for the descriptions given in the Catalogue. In many instances, however, it has been necessary to abbreviate the manuscript sent in.

No attempt has been made to classify the descriptions given in the Catalogue, since to have done so would have made it necessary to delay printing until all the manuscript was in hand. The arrangement in the Catalogue is simply according to the order in which the descriptions were received from the several exhibitors. In the Museum itself, classification has been attempted as far as practicable, and letters at the side are given in the Catalogue, which will aid in the finding of specimens in special groups. This classification is, however, far from complete ; and if in some instances difficulty should be encountered in identifying specimens, the excuse must be found in the great haste with which the Collection has been got together, and the Catalogue pushed through the press. Not a few valuable specimens and drawings will be found in the Museum, which are not in the Catalogue at all. For these omissions the responsibility rests solely with the exhibitors, who forwarded their material too late. As much as was found

practicable has been done to prevent inconvenience, by appending written labels to all objects not catalogued.

The arrangement of the Museum has been in the hands of a Sub-Committee, consisting of:—

Mr. Hutchinson, Dr. Goodhart, Dr. Macnamara, Mr. Charles Stewart, and Mr. Clutton:

and those for the Catalogue in one consisting of

Mr. Hutchinson, Mr. Gant, Mr. Waren Tay, Mr. Alban Doran, and Mr. Clutton.

The chief labour has, however, fallen in the one case upon Mr. Charles Stewart, and in the other upon Mr. H. H. Clutton, to whose indefatigable exertions their colleagues on the Committee feel themselves deeply indebted.

Arrangements have been made for the Exhibition of Living Patients, the subjects of rare forms of disease, in a room adjoining the Museum, every morning at 9.30.

The Museum will be open every day during the sittings of the Congress, from 9 A.M. to 5 P.M. Members of the Congress must show their tickets in order to obtain admission.

*July*, 1881.

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# MUSEUM CATALOGUE.

| No. | Description. | Series. |
|---|---|---|
| | *Specimens exhibited from University College Hospital, per* Mr. S. G. Shattock. | |
| 1 | (1.) The roof of a skull of which almost the upper posterior half of the left parietal bone has been removed, as the result of a fracture which happened forty-five years before death. The edges of the aperture are smoothly rounded, and the opening itself, except at two or three spots, is closed by new osseous tissue, which, in those parts where the bone is thinnest, is laid down in intersecting lines, corresponding with the course of the fibres of the dura mata. | A |
| 2 | (2.) The skeleton of the right upper limb of a new-born child, showing complete absence of the radius. There was no thumb. | R |
| 3 | (3.) The opposite limb of the same child, not dissected. There is a rudimentary thumb, attached by a narrow pedicle to the side of the hand opposite the root of the index digit. | „ |
| 4 | (4.) Portion of a scapula with the outer part of the clavicle, from an aged female subject.<br>The coracoid process has been at some time fractured, without any injury of the shoulder-joint or clavicle.<br>The fracture passes obliquely between the attachments of the pectoralis minor and coraco-brachialis muscles, and has been repaired by a strap-like bond of fibrous tissue. | A |
| 5 | (5.) A plaster cast of the lower half of a forearm with part of the hand, from a patient in whom the wrist had been dislocated for twenty years, the luxation having occurred forwards. | B |
| 6 | (6.) A plaster cast of the hand and forearm, from a case in which dislocation occurred either at the articulation between the first and second rows of carpal bones, or at the carpo-metacarpal articulation. There is a marked rounded dorsal prominence in the position of the carpus, and a palmar prominence corresponding apparently to the bases of the metacarpal bones. | „ |
| 7 | (7.) Portion of a scapula with the upper part of the humerus, &c. The articular portion of the humerus, including its tuberosities, was excised by Professor Erichsen eleven years before death, the glenoid fossa being at the same time gouged.<br>A false joint has formed between the two new surfaces, each | A |

| No. | Description. | Series. |
|---|---|---|
| | of which is coated with dense fibrous tissue. The arm was useful for all movements below the shoulder. | A |
| 8 | (8.) An urinary calculus of triple phosphate, formed on a fœtal tibia, which entered the bladder by ulceration in a case of extra-uterine pregnancy. | O |
| 9 | (9.) A vertical section of a Madura foot. The foot is irregularly hollowed out into a circumscribed multilocular space, and considerable portions of the cuneiform and metatarsal bones have been destroyed. A few black spores are entangled in the sloughing tissue which remains in parts of the space, and there are others in the cancellous tissue of the tarsal bones. On the exterior there are several circular apertures which lead into the cavity noticed. The bones are atrophied. | G |
| 10 | (10.) The other half of the same foot, showing a close-packed mass of spores, filling the lower part of the space. | ,, |
| 11 | (11.) A vertical section of a Madura foot, of which all the tissues, including the bones, are completely riddled with sinuous, and, for the most part, distinctly circumscribed tracts, some of which hold fish-roe-like masses of pale ochre-yellow granules. In the posterior part of the foot a few of the spaces contained granule-groups of the deep black kind. On the exterior there are numerous small circular apertures, single, and in groups, which lead to the tracks noticed.<br>The foot is greatly swollen. The bones are atrophied. | ,, |
| 12 | (12.) Portion of a femoral artery to which a carbolized cat-gut ligature was applied six days before death. The case was not treated antiseptically, the wound suppurated, and was very foul. The patient died of pyæmia. The inner and middle coats of the artery were divided by the ligature. | M |
| | *Morbid Growths on Trees, exhibited by* Mr. Stephen Paget. | |
| 13 | Collection of tumours from trees—cedar, beech, holly and others—showing the stages of their growth.<br>These tumours are undeveloped buds or masses of buds, which grow to a considerable size, by the addition of yearly layers of wood. The pedicles by which, as buds, they belong to the main branch or the trunk, are gradually absorbed; and the tumour may at last break through the bark, and become exposed to the air, or even fall to the ground. (Cf. the President's Address to the Pathological Section of the British Medical Association, at Cambridge, July, 1880.) | V |
| | *Specimens from Sussex County Hospital, Brighton, per* Mr. N. P. Blaker. | |
| 14 | 1.—Skeleton of a man, aged sixty-eight, who had suffered all his life from mollities and fragilitas ossium. The patient from whom this specimen was taken was a shoemaker, residing in Brighton. His father, also a shoemaker, a man of dissolute habits, died at the age of fifty-five, of diabetes. His mother died at the age of ninety-three. He was one of six children, and when born both his arms were found to be fractured. These | C |

| No. | Description. | Series. |
|---|---|---|
| | fractures united, and though rickety as a child, at thirty he was 5 feet 4 inches in height, and had full use of his arms and legs. At this time he married. At the age of forty he seemed to have lost all his bodily strength, and his bones were so brittle that they would break with the slightest blow, such fractures uniting in about the same time as ordinary bones, though frequently in an imperfect manner. During the last few years of his life he was confined to his bed, and died worn out by his distortions, and by some ulcers on his legs. At the time of his death he measured only 39½ inches when lying at full length on his back. He was a man of considerable mental power. He had four children, all healthy looking at birth. Two died in infancy. One son died at the age of sixteen; he was a constant applicant at the Sussex County Hospital, on account of broken bones. His daughter also was constantly breaking her bones, and grew up almost as deformed as her father. She married, and died three days after the Cæsarean operation, performed at the eighth month of pregnancy, at the age of twenty-three. The skeleton is not quite perfect, some of the bones, namely the coccyx, and some of the bones of the toes having disappeared during maceration, owing to their consisting merely of a mass of adipocere enclosed in a shell of periosteum. | C |
| 15 | 2.—Atrophied kidney, with great enlargement of its supra-renal capsule. A few vesicles may be seen beneath, and raising the mucous membrane of the dilated pelvis. The ureter also is dilated, and studded, especially at its lower part, with similar vesicles filled with a more or less opaque brown fluid. | N |
| 16 | 3.—Kidney, in a very advanced state of cystic disease. The cysts vary in size from the most minute to an inch or more in diameter; some contained a dark brown fluid, presenting under the microscope a number of dark granular cells with indistinct nuclei, oil globules, and granular matter; the remaining cysts contained a slightly opaque white fluid presenting only a few cells, and a number of oil globules, and having in solution a small quantity of albumen, but no urea or uric acid. Scarcely any of the structure of the kidney remained, and this appeared to be made up of fibrous tissue, enclosing open spaces, either tubes or minute cysts, with here and there a Malpighian capsule. The specimen was taken from a woman aged forty-five, who had suffered for six months with pain in the lumbar region, and, for the three months preceeding death, with constant nausea, vomiting, jaundice, and a very offensive odour from the skin. The urine was sp. gr. 1016, slightly albuminous. | " |
| 17 | 4.—Skull of a female child five months old, showing, *in situ*, a congenital bony tumour, which was removed at the age of six weeks. The child made a good recovery, and left the Sussex County Hospital, but died of pneumonia shortly afterwards. The child was under observation from within five days of its birth. During this time the tumour grew steadily, and became harder, losing the pulsation which it seemed to have at first. The adaptation of the left facial bones subsequent to the operation, which conduced so much to remove the deformity and | C |

| No. | Description. | Series. |
|---|---|---|
| | the general growth during the same period, have rendered it impossible to replace the tumour exactly in its original position. But the flattened malar bone, spread over the upper part of the tumour, and the alveolar process, with the sockets of the teeth, may be recognized. The tumour involves the whole of the right upper maxillary bone. It is formed by a mass of irregular roundish spiculæ diverging from the centre, the intervening space being filled up in the recent state with fibrous tissue and a little oily matter. The bony structure is made up of short cancelli, and the bone-cells generally are periosteal. The mass weighed in the recent state 2·25 oz., and measured 2·4 × 1·6 inches. | C |
| 18 | 5.—Heart, displaying a round aneurismal sac, opening from the apex of the left ventricle, and projecting on the posterior surface of the organ, where the point of rupture into the pericardium is visible. The sac, in its most prominent part, is of a laminated fibrous structure; nearer its origin there are fragments of columnæ carneæ, and streaks of a white substance, which seems to have involved the walls of the right ventricle near its apex, contracting and deforming the cavity. This white substance is composed of nucleated cells of various sizes, mostly oval, closely packed together, with somewhat of a linear arrangement, and of a little fibrous tissue. There are traces of pericarditis here, and a large deposit of adipose tissue. From a woman of the town, aged thirty, who died quite suddenly. Probably the aneurism is to be referred to yielding of the muscular structure of the heart in a part affected by cancer. No other traces of cancer were found in the organs of the head, chest, or abdomen. | L |
| | *Pathological Specimens, exhibited by* Mr. C. Macnamara. | |
| 19 | 1.—Section of tibia affected with epiphysitis (suppurative periostitis) showing that acute osteo-myelitis, as well as periostitis, is the result of this form of disease. The portion of the tibia exhibited was removed sub-periosteally, a new tibia being formed in place of that which had been taken away. | C |
| 20 | 2.—Separation of epiphysis of upper extremity of humerus, the result of epiphysitis. | ,, |
| 21 | 3.—Separation of inferior extremity of femur from epiphysitis. | ,, |
| 22 | 4.—Injected specimen of tubercular osteo-myelitis of bones entering into formation of the knee joint. | |
| 23 | 5.—Injected specimen of syphilitic (inherited) periosteal growth of bone round the lower end of tibia. | ,, |
| 24 | 6.—Osteo-sarcoma, growing within the alveolar process of right superior maxilla connected with the root of a tooth. | ,, |
| | *From the Collection of* Professor Struthers, Aberdeen University. | |
| 25 | 1 to 6.—Preparations showing methods of facilitating the study of anatomy, and methods of mounting. (*a*) Parietal bone; (*b*) Clavicles; (*c*) Dorsal vertebræ; (*d*) ribs; (*e*) Venæ comites; (*f*) Fœtal heart and blood-vessels. | X |

| No. | Description. | Series. |
|---|---|---|
| 50 | 12.—Bones of right leg. Tibia perforated by bullet. Tibia and fibula fractured. | A |
| 51 | 13.—Remains of head of left humerus, excised for bullet-wound. | „ |
| 52 | 14.—United fracture of patella (not bony union). History unknown. | „ |
| 53 | 15.—First popliteal aneurism cured by Esmarch's bandage. Dr. Reid's case. | M |
| 54 | 16.—Left kidney, ureter, and bladder with very large calculus *in situ* close to the bladder. The patient was under treatment for two and a half months, with symptoms of cystitis closely simulating those of vesical calculus. | N |
| 55 | 17.—Enlarged supra-renal capsule. Very little of the history of the case known. | F |
| 56 | 18.—Dissection of arm, showing the congenital absence of radial artery. | R |
| | *Drawings from Haslar Hospital.* | |
| 57 | 1.—Three drawings illustrative of case of congenital absence of radial artery.<br>2.—Two drawings illustrative of a case of dry gangrene in the foot of a man aged forty.<br>3.—Drawing of large thoracic aneurism, taken about ten days before death.<br>4.—Sketch showing vena cava filled with cancer.<br>5.—Two drawings of a case of rubeola maligna taken before death—5*a* and 5*b*.<br>6.—Two drawings illustrating a case of stricture of the colon.<br>7.—Drawing of pericarditis, known to be of two months' duration. The heart is completely coated with very highly organized lymph.<br>8.—Drawing of a case of fissured coronal suture. | Z |
| | *Drawings Illustrative of the Morbid Changes in Scrofulous Lymphatic Glands, exhibited by* Mr. Frederick Treves. | |
| 65 | 1.—Two cortical follicles from a gland somewhat actively affected, showing the first change in the scrofulous process, viz., the appearance of chronic inflammatory foci in the midst of the proper gland tissue. The capsule (*a*) and the trabeculæ (*b*) are also becoming infiltrated. (Hartnach.) Ob. 3 × 4.<br>2.—A small part of one of these inflamed districts under a higher power, showing the cellular character of the exudation, the active division of the cells, and the large cell elements (Rindfleisch). Ob. 8 × 3.<br>3.—The distinct adenoid sheath often observed around the blood capillaries in the earliest stages. Ob. 8 × 3.<br>4.—View of scrofulous gland in little more advanced stage, showing the general arrangement and outline of the opaque districts into which the inflammatory spots (Nos. 1 and 2) develop. Some of them present giant cells. The irregular lines represent modified sinuses. The section includes the capsule. Ob. 2 × 3. | „ |

| No. | Description. | Series. |
|---|---|---|
| | 5.—Shows the distinctness with which certain of the sinuses are displayed in the early stages. Ob. 2 × 4. | Z |
| | 6.—Supposed lymphatic vessel in the midst of the proper gland tissue, branching; its lumen is occupied by a reticulum in some way corresponding to the "endolymphangeal network" of Klein. Its endothelium also is becoming altered. In distinction from a sinus it is supported by no trabeculæ. Changes of this character are of early occurrence, and aid considerably in producing the opaque districts (No. 4). Ob. 7 × 3. | |
| | 7.—Opaque altered districts occupied by more or less degenerating cells, and connected with the branches of one of these supposed lymphatic vessels. Ob. 5 × 3. | |
| | 8.—Changes in trabecula and sinus in a chronically affected gland. Similar changes—although less in extent—are seen in all degrees of the scrofulous process. (Shaken specimen.) Ob. 5 × 3. | |
| | 9.—Four giant cells (*b*, *c*, *d*, *e*), showing their situation in, or at least about, a lymph sinus. The trabecula (*a*) supporting the sinus is much altered. Here and there about the periphery of the giant cell some remains of the endothelial linings of the sinus can be seen. It is urged that these giant cells are merely lymph coagula enclosing a varying number of the cell elements of the part. Ob. 9 × 3. | |
| | 10.—Small giant cell situate in a lymph sinus. The altered trabecula can be seen to the right. Ob. 7 × 3. | |
| | 11.—Single giant cell isolated by shakings. Ob. 8 × 3. | |
| | 12.—Giant cell of peculiar shape, suggestive of formation within a vessel (lymphatic). Ob. 5 × 3. | |
| | 13.—Giant cells from chronically inflamed connective tissue, situated distinctly within lymphatic vessels. The mass (*b*) is evidently but a lymph coagulum. Ob. 8 × 3. | |
| | 14.—Caseous changes in the capsular plexus. To show that those changes can ensue in a tissue composed almost exclusively of lymphatic vessels. A giant cell can be seen. The sinus is compressed. Ob. 4 × 3. | |
| | 15.—Edge of caseous patch, showing degenerating giant cell. The endothelial cells are the last to perish. Ob. 8 × 3. | |
| | 16.—From a very indolently enlarged gland, showing the gradual thickening of the gland reticulum. Ob. 5 × 3. | |
| | 17.—An opaque patch from a more chronic gland than Figs. 4 and 7, showing its rounded outline, its pseudo-fibrillation, the altered outlines of the contained cells. The basis substance of this patch is formed from the altered gland reticulum. Ob. 8 × 3. | |
| | 18.—A further stage of the above process, showing more distinct fibrillation. This dense little mass was readily isolated by shaking. Ob. 9 × 3. | |
| | 19.—Tubercles. Seen in the least intense form of scrofulous disease. Ob. 2 × 3. | |
| | 20.—One of these tubercles under a higher power. It is made up of two giant cells and of gland reticulum, modified in a manner somewhat similar to that of Fig. 18. Ob. 5 × 3. | |
| | 21.—Degenerating giant cell of tubercle from edge of caseous | |

| No. | Description. | Series. |
|---|---|---|
| | patch. It is urged that these giant cells are merely lymph coagula deposited in the tissue, and blotting out by their very substance the details of that tissue. As the mass dies this reticulum re-appears, and it will be seen to be continuous by the so-called processes of the giant cell with the adjacent fibrous reticulum. Ob. 9 × 3.<br>22.—Showing the great development of fibrous material in the most chronic gland enlargement. Nearly the whole gland was caseous, yet the extreme periphery remains exempt. The capsule is much thickened. Ob. 4 × 3.<br>23.—From the edge of a patch of lupus non exedens, to show the identity of its giant cells with those found in scrofulous glands. Ob. 8 × 3. | Z |
| | *Specimens to illustrate the Condition of large Arteries, after Ligature by Catgut, exhibited by* Mr. Frederick Treves. | |
| 88 | (*a*) Portion of the right carotid, and (*b*) portion of the right subclavian, from a man, aged forty-seven, in whom these vessels had been ligatured for innominate aneurism. The carotid was tied first. The wound was treated antiseptically, and healed rapidly by first intention. The subclavian was ligatured twenty-one days after. The wound was not antiseptic and suppurated freely. The aneurism was almost cured. The man died 108 days after the carotid ligature from rupture of another aneurism.<br>Catgut from the same bottle was used in the two operations.<br>The subclavian artery is seen to be firmly closed for some distance on either side of the seat of ligature. The carotid artery was patent at the seat of ligature. The middle coats were divided, and by their incurvings a little perforated diaphragm had been formed at the ligatured spot. A paper upon this case was read before the Royal Medical and Chirurgical Society, on February 8, 1881, by the exhibitor. | M |
| | *Casts exhibited by* Dr. George Roper. | |
| 89 | 1.—Cast of fœtal head of normal size and shape. Child delivered by podalic version, in arm presentation—still-born. | W |
| 90 | 2.—Cast of fœtal head, showing extreme moulding, caused by rigidity of soft parts of outlet of pelvis. Presentation natural, in primiparous labour. Delivered by forceps. Child still-born. | ,, |
| 91 | 3.—Cast of fœtal head of large size in all diameters. Head firmly ossified; fourteenth child, male; still-born; labour lingering; ergot had been used. | ,, |
| 92 | 4.—Cast of fœtal head, showing the usual distortion of cranium and face in face presentation; still-born; delivered with forceps. | ,, |
| 93 | 5.—Cast of fœtal head, showing indentation in temporal region, caused by the promontory of the sacrum in a narrow conjugate; head last delivery; mother's third child. The first delivered, still, by forceps; the second by cephalotripsy. | ,, |

| No. | Description. | Series. |
|---|---|---|
| | the general growth during the same period, have rendered it impossible to replace the tumour exactly in its original position. But the flattened malar bone, spread over the upper part of the tumour, and the alveolar process, with the sockets of the teeth, may be recognized. The tumour involves the whole of the right upper maxillary bone. It is formed by a mass of irregular roundish spiculæ diverging from the centre, the intervening space being filled up in the recent state with fibrous tissue and a little oily matter. The bony structure is made up of short cancelli, and the bone-cells generally are periosteal. The mass weighed in the recent state 2·25 oz., and measured 2·4 × 1·6 inches. | C |
| 18 | 5.—Heart, displaying a round aneurismal sac, opening from the apex of the left ventricle, and projecting on the posterior surface of the organ, where the point of rupture into the pericardium is visible. The sac, in its most prominent part, is of a laminated fibrous structure; nearer its origin there are fragments of columnæ carneæ, and streaks of a white substance, which seems to have involved the walls of the right ventricle near its apex, contracting and deforming the cavity. This white substance is composed of nucleated cells of various sizes, mostly oval, closely packed together, with somewhat of a linear arrangement, and of a little fibrous tissue. There are traces of pericarditis here, and a large deposit of adipose tissue. From a woman of the town, aged thirty, who died quite suddenly. Probably the aneurism is to be referred to yielding of the muscular structure of the heart in a part affected by cancer. No other traces of cancer were found in the organs of the head, chest, or abdomen. | L |
| | *Pathological Specimens, exhibited by* Mr. C. Macnamara. | |
| 19 | 1.—Section of tibia affected with epiphysitis (suppurative periostitis) showing that acute osteo-myelitis, as well as periostitis, is the result of this form of disease. The portion of the tibia exhibited was removed sub-periosteally, a new tibia being formed in place of that which had been taken away. | C |
| 20 | 2.—Separation of epiphysis of upper extremity of humerus, the result of epiphysitis. | ,, |
| 21 | 3.—Separation of inferior extremity of femur from epiphysitis. | ,, |
| 22 | 4.—Injected specimen of tubercular osteo-myelitis of bones entering into formation of the knee joint. | |
| 23 | 5.—Injected specimen of syphilitic (inherited) periosteal growth of bone round the lower end of tibia. | ,, |
| 24 | 6.—Osteo-sarcoma, growing within the alveolar process of right superior maxilla connected with the root of a tooth. | ,, |
| | *From the Collection of* Professor Struthers, Aberdeen University. | |
| 25 | 1 to 6.—Preparations showing methods of facilitating the study of anatomy, and methods of mounting. (*a*) Parietal bone; (*b*) Clavicles; (*c*) Dorsal vertebræ; (*d*) ribs; (*e*) Venæ comites; (*f*) Fœtal heart and blood-vessels. | X |

| No. | Description. | Series. |
|---|---|---|
| 26 | 7.—Diverticulum verum ilei, from a case in which it caused death. | R |
| 27 | 8.—Three specimens on stand, showing variations of the appendix vermiformis and method of mounting. | „ |
| 28 | 9.—Three specimens on stand, showing transference of the long tendon of the biceps muscle from the scapula to the humerus in chronic rheumatic arthritis. The tendon is seen to be tubular. | D |
| 29 | 10.—Photograph of two cases of cervical rib, in which the condition was recognized during life. | R |
| 30 | 11.—Preparation showing Dr. Struthers's method (removal of the floor of the acetabulum) of exposing the *ligamentum teres* of the hip joint, by which the demonstration of its function is rendered possible. | X |
| 31 | 12.—Preparation showing the three special bands of the capsular ligament of the hip joint, particularly the "ischio-femoral" band, described by Dr. Struthers. | „ |
| 32 | 13.—Series of specimens of the *supra-condyloid process* on the human humerus. (*a*) Prepared dissection of the soft parts. (*b*) Four dried preparations of upper extremity; descriptions attached. (*c*) Three humeri, with process and fibrous arch complete. (*d*) Seven pairs of humeri, and five single humeri, with process in various stages. Also, four preparations illustrating the comparative anatomy of the supra-condyloid foramen. (Dr. Struthers will read a paper on the supra-condyloid process in the anatomical section.) | R |
| | *Exhibited for the Odontological Society, by* Mr. C. S. Tomes. | |
| 33 | 1.—An aqua-tint drawing by Rowlandson, the famous caricaturist, dated 1787. It represents the operation of transplantation of teeth, at that time frequently performed; an inscription upon the wall tells "most money for living teeth," and the girl going out at the door is contemplating the coin in her hand which she has received in exchange for her tooth. | Z |
| 34 | 2.—Canine tooth of a hippopotamus, which, from the want of due attrition against an opposing tooth, has grown into a complete circle, and has put an end to its further growth by its point entering and destroying its own peristent pulp. | T |
| 35 | 3.—Molar tooth of an elephant, which had been struck by a bullet. It is of especial interest, not only from the rarity of such specimens—the tusks being frequently, but its molars very rarely so struck—but also from the unusual result. The irritated pulp has absorbed the dentine hemming it in, and has nearly removed it from several of the plates, leaving the enamel intact. | „ |
| 36 | 4.—Segment of an elephant's tusk, containing a spear-head of large dimensions. | „ |
| | *Exhibited by* Mr. G. A. Brown, Tredegar. | |
| 37 | Biliary calculus, passed in March, 1880, by a woman aged fifty-five, who had for some years previously suffered from | H |

| No. | Description. | Series. |
|---|---|---|
| | Bigelow's lithotrite, even after the meatus had been incised, so that a strong fenestrated English lithotrite had to be used. The stone measured 1½ inches in diameter, apparently spheroidal. The fragments were further reduced by slender flat-bladed lithotrites. The evacuation of the *débris* was carried out through a No. 24 (*F*) tube. The operation lasted an hour and a quarter. The weight of the dried *débris* was ten drachms and ten grains. Complete recovery. | O |
| 115 | 4.—Medium sized uric acid calculus, in a paralytic man, aged seventy-two, at St. Peter's Hospital. The stone, which was apparently round, measured 1¾ inches wide in diameter, and was crushed by Bigelow's lithotrite. Fenestrated and flat-bladed lithotrites were used for reduction of fragments. No. 26 (F) tube was used for evacuation of *débris*. The operation lasted fifty minutes. The weight of dried *débris* was eight drachms and six grains. He regained a certain amount of control over bladder and rectum, and left the hospital free from all pain. | ,, |
| 116 | 5.—Oxalate of lime calculus, in a man aged twenty-six, weighing 516 grains, a patient of Dr. Livy. Operation lasted three-quarters of an hour. Success perfect. No. 26 evacuating catheter used. | ,, |
| | *Water Coloured Drawings of Diseases of the Skin, exhibited by* Mr. James Startin. | |
| 117 | 1.—Leucoderma. The disease showing itself after the patient had been exposed to the intense cold in Canada.<br>2.—Crimson stain and eczema palmare. The latter fourteen years' duration.<br>3.—Lichen in child, non-specific.<br>4.—Acne pustulosa, showing indurations of many years' standing.<br>5.—Impetigo contagiosa, contracted from a younger sister.<br>6.—Sycosis parasitica.<br>7.—Ringworm.<br>8.—Kerion, showing suppuration.<br>9.—Chloasma parasiticum.<br>10.—Onycho-phytosis, fungus parasitic disease of nails.<br>11.—Scabies pustulosa, in child aged five years.<br>12.—Acarus scabiei, with ova.<br>13.—Morbus pedicularis and epiphyton circinatum, or skin fungus of body.<br>14.—Molluscum contagiosum, also microscopic drawing of sections of same.<br>15.—Xanthelasma, in a child.<br>16.—Psoriasis diffusa. A bad case of ten years' duration, non-specific.<br>17.—Psoriasis gyrata..<br>18.—Xeroderma. Case of congenital plantar and palmar disease.<br>19.—Lupus erythematosus in face. | Z |

| No. | Description. | Series. |
|---|---|---|
| | 20.—Lupus erythematosus face and neck. | Z |
| | 21.—Lupus erythematosus scrofulosus. | |
| | 22.—Lupus ulcerans. Of some years' duration. | |
| | 23.—True Eastern leprosy. In a soldier who had contracted the disease in India, showing the anæsthetic brown patches on arm, thickening of ulnar and cutaneous nerves, and wasting of muscles of thumb and interossei muscles. | |
| | 24.—Herpes zoster. On both sides of body. | |
| | 25.—Eczema varium. | |
| | 26.—Eczema, legs. | |
| | 27.—Eczema palmare. See No. 2. | |
| | 28.—Cutaneous nævi. | |
| | 29.—Pemphigus acutus, localis. In the case of a man who had taken Donovan's solution. | |
| | 30.—Congenital syphlitic eczema. In a child three years; began third month. | |
| | 31.—Congenital syphilitic psoriasis at fourth month. | |
| | 32.—Congenital syphilitic lichen, showing disease in hands and feet, in contradistinction to the drawing No. 3, non-specific variety. | |
| | 33.—Specific ulcer of leg. | |
| | 34.—Erythema gangrenosum, in the face. | |
| | *Anatomical Specimens, exhibited by* | |
| | Dr. Lesshaft, St. Petersburg. | |
| 151 | Series of experimental researches illustrating the growth of bones, upon which Dr. Lesshaft will read a paper in the Anatomical Section of the Congress. | X |
| | *Microscopical Specimens and Plates, exhibited by* | |
| | Dr. G. Laura, Turin. | |
| 152 | Demonstrating the origins of the cranial nerves and the structure of the spinal cord, upon which Dr. G. Laura will read papers in the Anatomical Section. | " |
| | *Anatomical Specimens, exhibited by* | |
| | Professor Curnow. | |
| 153 | 1.—Supra-condyloid foramen. | R |
| 154 | 2.—Supra-condyloid process. | " |
| 155 | 3.—Ditto. | " |
| 156 | 4.—Double aortic arch, enclosing trachea and œsophagus. | " |
| 157 | 5.—Inter-parietal bone (human). | " |
| 158 | 6.—Dislocation of the long tendon of the biceps. | " |
| 159 | 7.—Absorption of the intra-capsular portion of the long tendon of the biceps. | " |
| | *Wax Model, exhibited by* | |
| | Professor Braune, Leipzig. | |
| 160 | Wax model illustrating the subcutaneous veins of the trunk, | W |

| No. | Description. | Shelf |
|---|---|---|
| | upon which Mr. E. H. Fenwick will read a paper in the Anatomical Section. | W |
| | Dr. Swayne's *Pathological Drawings.* | |
| 161 | 1.—Discoloration of skin of fore-arms and hands during pregnancy. Dorsal aspect.<br>2.—Ditto. Palmar aspect.<br>3.—Noma. After death.<br>4.—Invagination of lower part of ileum, cæcum, and ascending colon in transverse colon.<br>5.—Intus-susception of rectum, from an old man who died of chronic diarrhœa.<br>6.—Ulceration of intestines in typhoid fever.<br>7.—Tubercular ulceration of intestines.<br>8.—Ditto.<br>9.—Ditto.<br>10.—Stomach, eleven weeks after sulphuric acid poisoning.<br>11.—Cancerous stricture of colon.<br>12,—Diseased bladder and kidney from enlarged prostate.<br>13.—Bright's disease of kidneys.<br>14.—Ditto.<br>15.—Kidneys in scarlatinal dropsy.<br>16.—Dicephalous monstrosity.<br>17.—Twin placentæ; healthy and diseased.<br>18.—Ditto.<br>19.—Diseased placenta.<br>20.—Ditto.<br>21.—Ditto.<br>22.—Ditto.<br>23.—Uterus and ovaries during menstruation.<br>24.—Polypus uteri.<br>25.—Thirty illustrations of disease of os uteri, &c. &c. | Z |
| | *Photographs, Specimens, Casts, and Cephalotribe from the Obstetrical School, Milan, exhibited by* | |
| | Dr. Mangiagalli Luigi. | |
| 185 | 1.—Photographs of six patients, upon whom Porro's operation (Cæsarean hystero-oöphorectomy) has been performed in the R. Scuola Pareggiata di Obstetricia, Milan. | ,, |
| 186 | 2.—Album, with photographs of specimens of pelvic deformities preserved in the museum of the school.<br>First Class: Pelvic deformities not associated with general disease of the skeleton.<br>(*a*) Pelvis equabiliter justo major, or uniform symmetrical enlargement of the pelvis.<br>(*b*) Pelvis equabiliter justo minor, or a symmetrically small pelvis.<br>(*c*) Pelvis contracted in the conjugate diameter, from a case not subject to rickets.<br>Second Class: Pelvic deformities associated with general disease of the skeleton.<br>(*a*) A flat, triangular, funnel-shaped rickетty pelvis. | ,, |

| No. | Description. | Series. |
|---|---|---|
| | (*b*) Pelvis, from a case of mollities ossium.<br>(*c*) Naegele's, or obliquely-distorted pelvis (No. 3), and a pelvis contracted in the transverse diameter.<br>(*d*) Pelves deformed by fractures.<br>(*e*) Pelvis obstructed by tumours.<br>(*f*) Pelvis deformed by diseases of the spinal column.<br>(*g*) Pelves deformed by hip-joint disease. | Z |
| 187 | 3.—Skulls crushed, and plaster casts of fœtal heads crushed and extracted by Guyon's cephalotribe-forceps. They show the crushing force (830 grammes) of this little instrument, and the possibility of delivery by drawing out the base of the skull in such a direction that the base itself need not be crushed. The skull No. 12 (plaster-cast No. 11) was crushed by Jollini's cephalotribe.<br>In these cases, embryotomy enabled the head to pass through a conjugate diameter contracted, to a variable extent, from 58 to 75 m.m. | Y |
| 188 | 4.—A Guyon's cephalotribe, modified by the addition of a contrivance for compression. It is much employed at the Milan School of Obstetrics for cephalotripsy, after perforation of the vault. Without any material sacrifice of strength, it is constructed so as to be less clumsy and more portable than other instruments of the same kind. | „ |
| 189 | 5.—A monograph on a frozen section of the pelvic viscera and fœtus of a woman who died during spontaneous evolution. By Dominic Chiara, Regius Professor of Midwifery, and Dean of St. Catherine's Lying-in-Hospital School. Illustrated by three lithographic and three chromo-lithographic plates taken from nature. | Z |
| | *Drawings of Cancer Cases, exhibited by* Dr. F. A. Purcell. | |
| 190 | No. 1.—Case of Charles Heed, aged nineteen. Round-celled sarcoma. Successfully removed.<br>(*a*) Tumour laid open.<br>(*b*) Tumour of leg, in two positions.<br>(*c*) Stump after amputation through knee-joint.<br>(*d*) Recurrent, after seventeen months, of face and head.<br>(*e*) Recurrent, along the spine.<br>No. 2.—Case of William Dewey, aged seventeen. Round and spindle-celled sarcoma of left side of neck. Successfully removed.<br>(*a*) Appearance after removal.<br>(*b*) Tumour *in situ*.<br>(*c*) Tumour laid open.<br>(*d*) Cells under microscope.<br>No. 3.—Case of James Mackey, aged seventy-five. Successful.<br>(*a*) Stump, after amputation through wrist-joint.<br>(*b*) Scirrhous tumour, ulcerated, on back of hand.<br>(*c*) Cells under microscope,<br>No. 4.—Case of Cecilia Mills, aged three.<br>(*a*) Sarcoma presenting through the nares.<br>(*b*) Recurrent two months subsequent. | „ |

| No. | Description. | Series |
|---|---|---|
| | No. 5.—Case of Emily McClelland, aged sixteen. Cystic-sarcoma of left cheek, successfully removed.<br>(*a*) Appearance before operation.<br>(*b*) Ditto, after operation.<br>No. 6.—Case of Fanny Parsons, aged forty-four. Sarcoma of right breast. Successfully removed.<br>No. 7.—Case of Jonathan Eke, aged sixty-four.<br>(*a*) Carcinoma, soft, right side of neck. Common carotid tied to restrain hæmorrhage.<br>(*b*) Carotid artery, removed after death, showing the position and condition of the carbolised silk ligature.<br>No. 8.—Case of Ann Randall, aged fifty-two. Sarcoma of right breast, ulcerated. Removed successfully.<br>No. 9.—Case of Joseph Merrigo, aged sixty. Scirrhoid carcinoma of the pubic region.<br>No. 10.—Case of Mrs. J. Oakley, aged sixty-two. Epithelioma of the ear and cheek. Unsuccessful.<br>No. 11.—Case of Elizabeth James, aged sixty-four. Epithelioma of the right breast and left elbow.<br>No. 12.—Book. On Cancer, its Allies and other Tumours, with special reference to their Medical and Surgical Treatment, with Microscopical Illustrations, by F. Albert Purcell, M.D., M.R.C.S., Surgeon to the Cancer Hospital, Brompton. | Z |
| | *Drawings, exhibited by*<br>Dr. Marsden. | |
| 206 | 1.—*a*, *b*, *c*, *d*, Molluscum, four views of same patient.<br>2.—Epithelioma of upper lip. 2*a*.—after treatment by arsenical paste.<br>3.—Section of scirrhus tumour of breast with microscopical fields.<br>4.—Epithelial growth on face (female). 4*a*—after treatment by arsenical paste.<br>5.—Ditto (male). 5*a*.—ditto.<br>6 and 6*a*.—Two views of tumour on scalp.<br>7.—Epithelial growth on nose, treated by arsenical paste.<br>8.—Tumour (colloid) of fore-arm.<br>8*a*.—Section of tumour after removal.<br>9.—Epithelioma of upper lip; removed by V incision.<br>10.—Medullary cancer of breast.<br>11.—Epithelial growth, corner of mouth.<br>12.—Colloid tumour of face (weight, 2 lbs. 5 ozs.), microscopical specimens (12A).<br>13.—Scirrhus of breast with scirrh. tubercles.<br>14.—Medullary cancer of face; child three years old.<br>15.—Melanotic tumour on back.<br>16.—Encephaloid tumour.<br>17.—Epithelioma, lower lip.<br>18.—Scirrhus of tongue, cheek, and glands.<br>19.—Scirrhus of breast. | ,, |

| No. | Description. | Series. |
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| | 20.—Epithelioma of tongue (female), removed by galvanic ecraseur. | Z |
| | 21.—Lupus of face. | |
| | 22.—Epithelioma; shows effect of arsenical paste. | |
| | 23.—Epithelioma of scrotum (chimney sweep's). | |
| | 24.—Ditto ditto | |
| | 25.—Encephaloid tumour (breast), removed by operation; (weight, 2 lbs. 7 ozs.). | |
| | 26.—Scirrhus, both breasts. | |
| | 27.—Scirrhus of axillary glands. | |
| | 28.—Cavernous scirrhus, cavity size of a child's head. | |
| | 29.—Scirrhus of breast (male). | |
| | 30.—Melanotic cancer; tumour over scapula. 30A, recurrent. | |
| | 31.—Epithelioma, lip, treated by arsenical paste. | |
| | 32*a*, *b*.—Two views of cyst (multilocular) congenital, in girl nine years old. | |
| | 32*c* Shows the cicatrix after removal. | |
| | 33.—Shows cicatrix fourteen days after operation (scirrhus). | |
| | 34.—Epithelioma, hand. | |
| | 35 and 35*a*.—Epithelial growth, removed by the arsenical paste, showing different stages of sloughing after the application. | |
| | 36.—Fibro-cystic tumour on back. | |
| | 37.—Epithelial growth—two views (*a* and *b*). | |
| | 38.—Sarcoma of wrist. | |
| | 38*a*.—Ditto, two months afterwards. | |
| | 39.—Section of tumour after amputation. | |
| | 40*a*, *b*, *c*.—Encephaloid breast; boy nine years old. | |
| | 41.—Epithelioma returned in stump and groin. | |
| | 42.—Scirrhus of liver. | |
| | 43.—Bony tumour of breast; reappeared six weeks after removal; apparently same character. | |
| | *Drawings of Cancer, exhibited by* Mr. Hayward. | |
| 253 | 44.—Epithelioma of tongue. Tongue removed by galvanic ecraseur. | „ |
| | 45.—Lupus of face. | |
| | 46.—Encephaloid tumour of leg. | |
| | 47.—Epithelioma of tongue. | |
| | 48.—Epithelioma of cheek. Treated by operation. | |
| | 49.—Sarcoma of face. Punctured; large quantity of serous fluid escaped; rapidly filled. | |
| | 50.—Epithelioma of cheek. Treated by arsenical paste; quite well. | |
| | 51.—Epithelioma, back of hand. Treated by arsenical paste; quite well. | |
| | 52.—Scirrhus, breast (male) and œdema of arm. | |
| | 53.—Scirrhus (male), breast and axilla. | |
| | 54 and 54*a*.—Scirrhus, breast (male), and after operation. | |
| | 55.—Scirrhus, both breasts; right one atrophied. | |
| | 56.—Adenoid tumour; female, nineteen years of age. | |
| | 57.—Section of colloid tumour from breast. | |

| No. | Description. | Series. |
|---|---|---|
| | 58.—Icthyosis of tongue. Twice removed, and returned as epithelioma. | Z |
| | 59.—Colloid tumour of breast. | |
| | 60*a*.—Section of tumour after removal. Weight, 3lbs. 10ozs. | |
| | 61.—Fibro-cystic tumor removed from breast. | |
| | *Wax Models, from the Collection of* Dr. D. H. Goodwillie, New York. | |
| | Showing reproduction of the maxillary bones after sub-periosteal extirpation, illustrating his Paper before the Surgical Section of the Medical Congress. | |
| 271 | 1.—Wax models of a case of large osteoid tumour of upper jaw. | W |
| | (*a*.) Tumour before the operation. | |
| | (*b*.) Tumour after the operation. | |
| | (*c*.) The mouth after the operation, with a new growth of bone. | |
| | (*d*.) Section of tumour. | |
| 272 | 2.—Wax models after necrosis of upper jaw. | ,, |
| | (*a*.) One week after sub-periosteal removal of necrosed bone of upper jaw, showing opening into the Antrum of Highmore, with the healthy granulations of the wound. | |
| | (*b*.) Mouth after reproduction of the bone. | |
| 273 | 3.—Wax model showing internal and external appearance of nose and mouth after inter-nasal extirpation of vomer, turbinated bones, vault of palate, and inter-maxillary bones. | ,, |
| 274 | 4.—Wax models after sub-periosteal extirpation for necrosis. | ,, |
| | (*a*.) Showing palate and inferior maxilla. | |
| | (*b*.) Formation of new bone in the wound, &c. | |
| 275 | 5.—Wax models after inter-nasal extirpation. | ,, |
| | (*a*.) Showing external nose; also, development of muscles. | |
| | (*b*.) Palate before and after the operation. | |
| 276 | 6.—A bottle of extirpated vomers. | ,, |
| | *Calculi, exhibited by* Mr. T. Vincent Jackson, Wolverhampton. | |
| 277 | 1.—A collection of vesical calculi, sixty-six in number, removed mainly from boys, by lateral lithotomy the age of the youngest patient being one year and nine months. | O |
| | The weight of the smallest stone was 3 grains, and of the largest, 1022 grains. | |
| 278 | 2.—A collection of vesical calculi, nine in number, successfully removed from females. | ,, |
| | One, weighing 1845 grains, was extracted from a woman aged sixty-six years by vaginal lithotomy. The bladder-wound healed perfectly, and urinary continence was complete. | |
| | Another, weighing 1,320 grains, was, by supra-pubic lithotomy, removed from a girl aged seven years. | |
| | The remaining were extracted by forceps through the dilated urethra. The dilatation was effected by relays of laminaria tents for the previous twenty-four or thirty-six hours. The youngest patient was two years, and the oldest thirty years. | |

| No. | Description. | Series. |
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| | *Specimens exhibited by* Mr. Vincent Jackson. Wolverhampton. | |
| 279 | 1.—A beautiful example of an internal strangulation. The specimen was removed from the body of a young lady, aged thirteen years, and consists of a piece of the jejunum, at its middle, looped by a band situated at the free margin of the bowel, measuring in length the eighth-of-an-inch, evidently of long standing, and possibly congenital. Through this loop a considerable portion of small intestine had been forced; this, and the bowel below, were quite flaccid and apparently free from inflammation, whereas above they were much inflamed.<br>The symptoms, lasting scarcely three days, were of the most acute character; vomiting, excessive and continuous; pain, severe, almost agonising; collapse before death, extreme. A careful inquiry into the past life of the patient failed to afford the slightest explanation of the post-mortem revelation. How surely might relief have been obtained by an abdominal section, but an operation was imperatively declined. | H |
| 280 | 2.—Colles's fracture of the left radius. Fracture somewhat irregular, but transverse for the greater part of its extent. The lower fragment is comminuted from before backwards, into three pieces; the outer portion, the largest, includes the whole of the Styloid process, and some portion of the bone above it.<br>The displacement of the lower fragment is backwards, and somewhat outwards, and at the outer part the upper fragment is overlapped by the outer piece of the lower fragment. | A |
| 281 | 3.—Colles's fracture of the left radius. Fracture simple and transverse; the lower fragment is entire, and displaced backwards. There is impaction in front and behind, of the upper into the lower fragment. | „ |
| 282 | 4.—A large portion of the right parietal bone, removed for a compound depressed fracture of the skull, from a young collier, aged nineteen years; also a piece of bone removed by trephining, and two smaller bits.<br>Four weeks after the removal of the large piece of bone, sharp hæmorrhage occurred, from the lower angle of the wound, beneath the bone. Pressure arrested it for a time, but its recurrence showed that its effectual application could only be obtained by a complete exposure of the bleeding branch of the right middle meningeal artery. This was accomplished by removing with the trephine a circular piece of bone. The vessel being now exposed, pressure in various ways was applied, but, notwithstanding, the hæmorrhage continued, and was only finally arrested by ligaturing the right common carotid artery. The recovery was complete. | „ |
| 283 | 5.—The diaphysis of the left fibula, excised for acute necrosis, from a boy aged eleven years. The wound healed well, and an useful limb was obtained. | „ |
| | *Specimens from the Middlesex Hospital Museum, per* Dr. J. K. Fowler. | |
| 284 | 1.—United fracture of the atlas and axis, with dislocation | „ |

| No. | Description. | Series |
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| | forwards of the atlas. The patient fell head-foremost from a hay-rick; he was stunned, but shortly recovered, and in two days resumed his work. He died twelve months afterwards of dropsy, unconnected with the injury. There was no paralysis. (See "Medic. Chir. Trans," vol. xx. p. 78.) | A |
| 285 | 2.—Little toe of a negro affected with ainhum. The phalanx has separated. | G |
| 286 | 3.—Little toe of a negro affected with ainhum. | " |
| 287 | 4.—Little toes of a negro affected with ainhum. | " |
| 288 | 5.—The walls of the left orbit, exfoliated in one piece, three months after the application of chloride of zinc-paste, for scirrhus cancer of the orbit. (With Drawings.) The operation was performed in February, 1866. The patient is still living. (Reported by Mr. George Lawson, in "Path. Soc. Trans." vol. xviii. p. 233.) | C |
| 289 | 6.—Tumour of the cranium, which pulsated during life. Similar growths were found in the right clavicle and both femora. There was great hypertrophy of the heart, and enlargement of the thyroid gland. (Reported by Mr. Henry Morris, in "Path. Soc. Trans.," vol. xxxi., p. 259.) | " |
| 290 | 6 *a*.—Drawings of tumour and microscopical appearances, and photograph of patient. | " |
| 291 | 7.—Gunshot fracture of the odontoid process of the axis vertebra. The bullet, which entered from behind, is fixed to the back of the process, at the place where it was found at the post-mortem examination. The fracture runs transversely across the base. | A |
| 292 | 8.—Recurrent enchondroma of the lower jaw. (Reported by Mr. George Lawson, in *Lancet*, June 8, 1878). | C |
| 293 | 9.—Endosteal sarcoma of the left radius, with lower end of the ulna unaffected. The tumour was removed by Mr. Henry Morris, from a woman twenty-eight years of age, leaving an useful hand. (See "Clin. Soc. Trans." vol. x. p. 138, and vol. xiii.) | " |
| 294 | 9*a*.—Photographs of the arm and hand after removal of the tumour. | " |
| 295 | 10.—Ossified portion of an enchondroma of the lower end of the radius. | " |
| 296 | 11.—Pigmented and indurated lung, from a coal miner. (Reported by Dr. Greenhow, F.R.S., "Path. Soc. Trans." vol. xvi. p. 60.) | K |
| 297 | 12.—Pigmented lung, from a coal miner. (Reported by Dr. Greenhow, F.R.S., "Path. Soc. Trans." vol. xviii. p. 35.) | " |
| 298 | 13.—Pigmented and indurated lung, from a coal miner. (Reported by Dr. Greenhow, F.R.S., "Path. Soc. Trans." vol. xx. p. 46.) | " |
| 299 | 14.—Pigmented and indurated lung, from a copper miner. (Reported by Dr. Greenhow, F.R.S., "Path. Soc. Trans." vol. xx. p. 49.) | " |
| 300 | 15.—Pigmented and indurated lung, from a stonemason. (Reported by Dr. Greenhow, F.R.S., "Path. Soc. Trans." vol. xvii. p. 24.) | " |

| No. | Description. | Series. |
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| 301 | 16.—Section of base of left lung of Case 15, shewing an irregular cavity. | K |
| 302 | 17.—Pigmented and indurated lung, from a stone mason. (Dr. Greenhow.) | ,, |
| 303 | 18.—Pigmented and indurated lung, with excavations, from a potter. (Reported by Dr. Greenhow, "Path. Soc. Trans." vol. xvii. p. 36.) | ,, |
| 304 | 19.—Portion of the lower lobe of the same lung as Case 18. | ,, |
| 305 | 20.—Pigmented and consolidated lung, from a flax dresser. (Reported by Dr. Greenhow, F.R.S., "Path. Soc. Trans." vol. xx. p. 48.) | ,, |
| 306 | 21.—Pigmented and consolidated lung, from a flax dresser: (Dr. Greenhow, "Path. Soc. Trans." vol. xx. p. 49.) | ,, |
| 307 | 22.—Pigmented and indurated lung, from a razor-grinder. (Reported by Dr. Greenhow, "Path. Soc. Trans." vol. xvi. p. 59.) | ,, |
| 308 | 23.—Pigmented and consolidated lung, from a coal miner. (Reported by Dr. Greenhow, "Path. Soc. Trans." vol. xx. p. 41.) | ,, |
| 309 | 24.—Pigmented and indurated lung of an iron worker. (Dr. Greenhow.) | ,, |
| 310 | 25.—Pigmented and indurated lung of a stonemason. (Dr. Greenhow.) | ,, |
| 311 | 26.—Pigmented and indurated lung, from a stone mason. (Dr. Greenhow.) | ,, |
| 312 | 27.—Pigmented and indurated lung, from an ultramarine maker. (Dr. Greenhow.) | ,, |
| 313 | 28.—Pigmented and indurated lung of an iron-worker. (Dr. Greenhow.) | ,, |
| 314 | 29.—Pigmented and indurated lung (iron-lung) from a looking-glass polisher. The patient died of cancer (Dr. Greenhow.) | ,, |
| 315 | 30.—Pigmented and indurated lung of a tobacco worker. (Dr. Greenhow.) | ,, |
| 316 | 31.—Pigmented and indurated lung of an iron-worker. (Dr. Greenhow.) | ,, |
| 317 | 32.—Eczema of the nipple, followed by diffuse cancer of the breast. (Reported by Mr. Geo. Lawson, "Clinical Transactions," Vol.—1880.) | Q |
| 318 | 33.—Multiple neuromata of the radial nerve and its cutaneous branches. | E |
| 319 | 34.—Chronic rheumatoid, or osteo-arthritis, affecting the left hip and knee, and the elbow joints. The patient was a man aged forty-six, who died in the Middlesex Hospital, under the care of Mr. De Morgan, in July, 1866. In 1850, the left knee was affected, and became partially anchylosed. In 1862, he fell and fractured the neck of his left femur. He recovered, with a strong useful leg, but great swelling remained about the hip. In 1864, the right elbow became affected. He died ultimately from cancer of the pylorus. The kidneys were granulur and cystic. There is no mention of any symptoms referable to the spinal cord. (Recorded by Mr. De Morgan, "Path. Soc. Trans." vol. xix. p. 319.) | D |

| No. | Description. | Series. |
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| 320 | 35.—The right supra-renal capsule and kidney, and the external organs of generation, from a case of Addison's disease. (Reported by Dr. W. T. Gairdner, "Path. Soc. Trans." vol. xv. p. 224.) | F |
| 321 | 36.—The supra-renal capsules, the tongue, and the external organs of generation, from a case of Addison's disease. ("Path. Soc. Trans." vol. xvii. p. 304.) | " |
| 322 | 37.—Calculus, removed from the kidney by the operation of nephro-lithotomy, by Mr. Henry Morris. The operation was performed on February 11, 1880. The calculus is composed of oxalate of lime, and weighs 31 grains. (*Lancet*, October 30, 1880.) | N |
| 323 | Eczema of the nipple, followed by diffuse cancer of the breast. | Q |
| 324 | 38.—A hand completely flayed by machinery. (Reported by Mr. George Lawson, "Path. Soc. Trans." vol. xx. p. 346.) | U |
| 325 | 39.—Cystic tumour of the mamma. The site of the breast is occupied by a tumour the size of a cocoa-nut, composed of two simple cysts of nearly equal size, separated by a transverse partition. The integument is adherent to the tumour, and the nipple is retracted. (Reported by Mr. George Lawson, "Path. Soc. Trans." vol. xxi. p. 354.) | Q |
| | *Genu Valgum, reported in "Path. Soc. Trans." vol. 32, by* Mr. Henry Morris. | |
| 326 | 40.—The internal and external condyles are greatly enlarged and misshapen, the enlargement being entirely cartilaginous. There is a large additamentary mass of cartilage growing from the lower and inner sides of the external condyle. The patella faced almost outwards, and is misshapen on its articular surface. Beneath the cartilage of the patella, and also beneath that of the trochlea surface of the femur, the bone is soft, and like splenic pulp.<br>The external lateral ligament is contracted and tense; the internal, elongated, and, except during extension, not tense. Extension was limited to 140°; the other movements of the joint were not interfered with; passive lateral movement was very free.<br>There is a fracture of the tibia, the result of an injury several years before. Union has not occurred. A false joint has been formed, and the fibula has become so much incurved towards its middle and lower parts as to be in close apposition with the tibia, and to afford it considerable lateral support, like a shore to a wall. The patient, a boy aged 18, is alive and well. The limb was amputated, because of the knee, which prevented him from walking or even standing. | A |
| | *Comminuted Fracture of the Astragalus, with sub-Astragaloid dislocation of the Foot outwards, reported in "Path. Soc. Trans." vol. 32, by* Mr. Henry Morris. | |
| 327 | 41.—This specimen was removed from a man five years after | B |

| No. | Description. | Series. |
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| | the accident. The specimen shows an united fracture across the neck of the astragalus, with horizontal outward displacement of the foot beneath the body of that bone. The head of the astragalus remains in its proper position to the scaphoid. New bone has been thrown out around the body of the astragalus whereby it is connected firmly with the os calcis and the tibia. The fibula is resting on the upper surface of the os calcis, to which it is firmly anchylosed by osseous union.<br>All the tendons passing round the outer and inner ankle were completely torn asunder, and had formed new attachments to the fibrous and osseous structures near them. A small fragment of the astragalus was adherent to the posterior tibial artery. The arteries and nerves had not been lacerated, but the arteries were very atheromatous. | B |
| 328 | 42.—Epithelioma of the arm growing from cicatricial skin. | Q |
| 329 | 43.—True cystic adenocele. | " |
| | *Drawings in Water Colours, relating to Extroversion of the Bladder, exhibited by*<br>Mr. Rushton Parker. | |
| 330 | *a.*—Portrait of deformity in extroversion of bladder, with epispadias (Case 1).<br>*b.*—Ditto, view of penile groove in same. (Both drawn by R. Honeyburne.)<br>*c.*—Two photographs of case after successful plastic operation. | Z |
| 333 | *d.*—Portrait of Cases 2 and 3, similar deformity. (Drawn by J. R. L. Dixon.) | " |
| 334 | *e, f, g,* &c.—Series of coloured drawings, showing steps of operation in Case 3. (Drawn by J. R. L. Dixon.)<br>Operation, based upon the plan of Professor John Wood, modified by Mr. Greig Smith, of Bristol (see *Brit. Med. Journal*, Feb. 28, 1880), and by Mr. Rushton Parker, of Liverpool; employed successfully in three consecutive cases. | " |
| | *Drawings of Tumours, exhibited by*<br>Mr. Rushton Parker. | |
| 336 | 1.—Amputated leg, showing sarcoma (round-celled) of cutis (leg), recurring at edges of granulating wound, after excision of two primary tumours. (Drawn by R. Honeyburne.)<br>2.—Melano-sarcoma of cutis of arm, from an old woman. (Drawn by R. Honeyburne.)<br>3.—Amputated fore-arm, showing spindle-celled sarcoma of fascia. Young man, nineteen. Duration of tumour thirteen years! with only recent rapid growth. (Drawn by R. Honeyburne.)<br>4.—Ham-string muscle, showing sarcomatous blood-clot, recurring several months after excision of sarcoma of same muscle. (Drawn by J. R. L. Dixon.)<br>5.—Osteoid sarcoma of tibia, amputated through thigh, three moments after appearance.<br>Ditto of stump of ham-string muscle, excised one and a-half years after amputation. | " |

| No. | Description. | Series. |
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| | Ditto of pericardium, pleura, and lungs, removed at post-mortem eleven months after last operation. (Drawn by R. Honeyburne.)<br>6.—Another view of tibial tumour in above. (Drawn by J. R. L. Dixon.)<br>7.—Multiple cutaneous adenomata, forehead and scalp. (Drawn by J. R. L. Dixon.)<br>8.—Section of cretaceous sebaceous cyst, from skin of abdomen. (Drawn by G. Brown.)<br>9.—Spongy osteoma of upper jaw, in process of exfoliation; excised. (Drawn by R. Honeyburne.)<br>10 and 11.—Large fibro-lipoma of spermatic cord. Outer and inner view. (Drawn by R. Honeyburne.)<br>12 and 13.—Case of epithelioma of tip of nose, before and after removal. (Drawn by H. W. Knowles.)<br>14. Amputated leg, showing section of cutaneous epithelioma, involving tibia. (Drawn by R. Honeyburne.)<br>15.—Two specimens of mammary carcinoma, seen in section. (Drawn by R. Honeyburne.) | Z |
| | *Models, exhibited by*<br>Mr. Rushton Parker. | |
| 349 | Series of stuffed models, fitted with Thomas's hip and knee splints; as applied in cases of hip and knee-joint disease, and in cases of fractured neck and shaft of femur. To illustrate, in the Surgical Section, Mr. Rushton Parker's paper on "The Treatment of Fractured Femur." | Y |
| | *Cast and Drawing, exhibited by*<br>Mr. John Fagan, Belfast. | |
| 350 | Drawing and cast of an interesting case of elephantoid tumour, removed by Mr. Fagan from a woman fifty-four years of age. It sprung from the left ilio-inguinal region, involving the labium, and extended to the knee, concealing the whole of the thigh.<br>The tumour measured at the point of its attachment 27½ inches in circumference, and round its centre 35 inches. It weighed about 35 lbs.<br>It was complicated by the presence, in its centre, of an enormous hernia, the size of an adult head, with sac adherent and contents irreducible.<br>The red lines on the drawing mark the course of the incisions. The semilunar flap, which consisted of comparatively healthy tissue, was supposed to limit the extent of the hernial protrusion, which was found during the operation to penetrate deeply into the tumour. This complication rendered it necessary to make a vertical incision (as marked) in order to completely expose the sac, and led to the tumour being removed in halves. This explains the appearance of the cast (which was taken after operation) where the two pieces are represented as stitched together.<br>It is now about three months since the operation was performed; the raw surface is almost healed, and the woman is | W |

| No. | Description. | Series. |
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| | moving about with the hernia supported by a bag truss, and considerably reduced in size. | W |
| | *Drawings, exhibited by* DR. FAIRLIE CLARKE. | |
| 351 | 1.—Drawing of a case of Elephantiasis of the leg. The patient was a young woman who had never been out of England. The disease began at the age of fourteen. At the time the drawing was made it had existed fourteen years. | Z |
| 352 | 2.—Eight drawings to illustrate the diseases of the tongue. (*a.*) Congenital syphilis, in a child aged four years; white raised patches. (*b.*) Mucous tubercles (*condylomata lata*) on the under surface of the tongue, as a result of constitutional syphilis. (*c.*) Fissured tongue, the result of syphilitic interstitial deposits, which have undergone more or less absorption. (*d.*) Chronic superficial glossitis, due to prolonged irritation arising from syphilis in association with dyspepsia. (*e.*) Dyspeptic ulcers in their characteristic situation, underneath the tongue, on each side of the frœnum. (*f, g, h.*) Cases of (so-called) *ichthyosis linguæ*. | ,, |
| 353 | 3.—Two drawings of a case of congenital hypertrophy of the tongue (*prolapsus linguæ*). (*a.*) Represents the appearance of the infant when four months old. The whole of the protruding portion of the tongue, to the extent of 1½ inch, was removed with the écraseur. (*b.*) Represents the patient two years and a half after the operation. He had then grown a strong boy, and was able ot speak freely, though in rather a thick and indistinct manner. | ,, |
| | *Photographs, exhibited by* DR. ALEX. PATTERSON. | |
| 354 | 1.—Calculus. H. D., aged forty-eight. Duration of symptoms, twenty-four years. Nature, oxalate of lime. Weight, 1,020 grains. Attempted removal by lateral operation. On account of the unusual roughness of the stone, I dreaded tearing and bruising the tissues, desisted, and removed it by suprapubic lithotomy. Operation performed on March 3, and patient dismissed well on April 1. D. stated that he had never passed a drop of blood by the urethra during all the years he carried the stone in his bladder.—*Western Infirmary, Glasgow*, April, 1881. 2.—J. H., aged fifty-six. Growth, of two years' duration. Arm amputated. Nature, fasciculated sarcoma. — *Glasgow Medical Journal*. Vol. II. 1878. 3.—D. M'C., aged sixteen years. First noticed ten years ago. Has grown gradually and constantly. Tumour situated on outer aspect of upper right arm. Slightly pedunculated. The soft portion of tumour was juicy and friable, like a rotten turnip, and myxo-sarcomatous in its nature. The bony contents are well represented in the photograph.—*Royal Infirmary, Glasgow*, June, 1874. | ,, |

| No. | Description. | Series |
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| 357 | 4.—Mrs. M'Donald, aged fifty-six. Duration of growth, twenty-six years. Weight, 6 lbs. 11 ozs. Time occupied in removal 5 minutes 30 seconds. Nature, myxo-sarcoma.—*Western Infirmary*, February, 1879. *Lancet*, 26th July, 1879. | Z |
| | 5.—Adenoid tumour (natural size), removed from behind the right mamma of an unmarried lady, aged twenty-one. Duration of tumour, two years. Mamma was left on, the growth having been taken away by a lateral incision at the circumference of gland.—*Glasgow Medical Journal.* Vol. II. 1878. | |
| | 6.—J. S., aged fifteen. Duration of tumour's growth, six years. Character, adenoid. — *Western Infirmary, Glasgow*, August, 1878. *Glasgow Medical Journal.* Vol. I. 1879. | |
| | 7.—Case of supra-pubic lithotomy. Symptoms of stone from childhood. Twenty-six years.—*Glasgow Medical Journal*, June, 1881. | |
| | 8.—Extracted, per urethram, from female. Weight, 202 grains. The circumference of forceps, with stone enclosed, was $3\frac{1}{2}$ inches, and patient was able to retain her urine from fourth day. | |
| | 9.—M. V., aged forty-four. Life of tumour, twenty-five years. Nature, adenoid myxoma.—*Western Infirmary, Glasgow*, July, 1878. *Glasgow Medical Journal.* Vol. I. 1879. | |
| | *Wax Models, Drawings and Specimens, exhibited* By Mr. Charles Bader. | |
| 362 | Four models showing emmetropia and ametropia, recognized with the ophthalmoscope. The preparations are exact copies of excised eyeballs. The refraction of the fellow eye and the history of the excised eye, made it probable, that the curve of the sclerotic was similar. | S |
| | 10.—The emmetropic eyeball. | |
| | 11 and 12.—Hypermetropic eyeballs. Absolute H of fellow eye = 1-10th. | |
| | 13.—The myopic eyeball. Myopia of fellow eye = $\frac{1}{4}$. | |
| | 15.—Copy of 13 enlarged four times. Notice the great displacement of the oblique muscles, with distension of the coats in the region of the yellow spot. | |
| | 14.—The hypermetropic eyeball, fellow eye H = 1-12th. | |
| 363 | Six drawings also showing states of refraction. | Z |
| | 10*a*.—The optic disc and the adjoining tunics of an emmetropic eye (from a negro). | |
| | 10*b*.—An enlarged view of portion of the optic disc and of the adjoining fundus of an emmetropic eye. | |
| | 11*a*.—The optic disc and the adjoining tunics of a hypermetropic eye (from a fair person). | |
| | 11*b*.—An enlarged view of portion of the optic disc and of the adjoining fundus of a hypermetropic eye. | |
| | 13*a*.—The optic disc and the adjoining fundus of a myopic eye (from a fair person). | |
| | 13*b*.—An enlarged view of a portion of the optic disc, and of the adjoining fundus of a myopic eye. | |

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| | The emmetropic observer, placed at about ten inches from the patient (the pupil not dilated artificially) will, when looking with the ophthalmoscope alone in the direction of the patient's optic disc, see the optic disc in the emmetrope as a bright reflex without details (10*b*). In the myope and hypermetrope he will distinctly discern blood vessels and other details of the optic discs (11*b* and 13*b*). When approaching the eye, while keeping in view the details, these will become still more distinct in the hypermetrope, but blurred in the myope, approaching the appearance of the emmetropic disc. This, I believe, is the quickest mode of ascertaining the refraction of an eye preliminary to a careful examination with lenses. | Z |
| 14 | Preparations mounted in spirit, showing the optic disc in glaucoma. | " |
| | 19.—Posterior half of a healthy eyeball, showing the optic disc and adjoining tunics as compared with the cupped optic disc of glaucoma. | |
| | 15 and 15*a*.—Posterior half of eyeball, with deeply cupped optic disc. The dark depression in the retina to the left of the optic disc is the fovea centralis. | |
| | 29 and 30.—Lateral halves of the same eye. So called retinitis pigmentosa, with displaced retina and glaucoma. In 29 the retina is attached round the optic disc. The cupped disc is filled with opaque tissue. | |
| | 31*a*.—Apparent absence of cup. The deeply cupped optic disc is filled with white opaque tissue. The section is carried through the middle of the disc. From a highly myopic glaucomatous eye. Notice the extreme thinning of the coats adjoining the optic disc. | |
| 65 | Six drawings also illustrating glaucoma. | " |
| | 1.—Acute glaucoma before operation. | |
| | 2.—The same optic disc after operation. | |
| | 15*b*.—Simple glaucoma in an emmetropic eye. | |
| | 31*c*.—Simple glaucoma in a myopic eye. | |
| | 31*b*.—Glaucoma with chronic inflammation in a myopic eye. The red colour of the optic disc is caused by effusion of blood into the cup. | |
| | 31*d*.—The optic disc and adjoining tunics from a myopic eye, not glaucomatous. | |
| | *Specimens from St. Bartholomew's Hospital Museum, per* Mr. Frederic S. Eve, Curator. | |
| 366 | 73.—Part of the vertex of a skull, a patella and a tibia affected with ostitis deformans (Paget). All the sutures of the skull are obliterated; its thickness is in every part greatly increased. The temporal ridge is very prominent. In the median vertical section the frontal bone measures 11 to 13 lines, the parietal 14 to 16, and the occipital 8 to 12, which is about four times the usual thickness of the normal bones. | C |
| | The outer surface of the skull is finely porous, and perforated by innumerable apertures for blood-vessels. The inner surface is little changed except by the enlargement of all channels and | |

| No. | Description. | Series. |
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| | apertures for blood-vessels. The cut surface is for the most part dense and compact, but in some parts porous, cancellous, or cavernous; the spaces were filled with a soft reddish substance like medulla. There are also larger cavities in which soft malignant growths were lodged. The outer surface of the tibia is irregular, finely nodular, and perforated by numerous apertures for the transmission of blood-vessels. The compact substance is in every part greatly increased in thickness, but the medullary space is not much encroached upon; the cancellous tissue of the upper articular end has a normal aspect and arrangement. The patella presents similar changes.<br>Microscopic examination showed that the number of Haversian systems was relatively diminished; the arrangement of the intervening spaces was most complex, and different from that of normal bone. The Haversian canals were much dilated, many of them confluent, but the vessels were usually small compared to the size of the canals.<br>These bones with the femur (No. 367) were taken from a gentleman aged sixty-eight years. When forty-six years old he began to be subject to aching pains in the legs and thighs, and after about a year noticed that the left shin was mis-shapen. Thirteen years later the left femur and tibia had a well-marked anterior curve, and the surface of the latter was nodular and uneven. His hats becoming too tight, he had to take successively larger sizes. The left femur and tibia became larger, heavier, and more curved. Very slowly the bones of the right limb were similarly affected. His skull continued gradually to enlarge. The spine became very slowly curved, and almost rigid. In height he sank about four inches. Shortly before his death, which took place from pleurisy, a malignant tumour appeared in the upper third of the left radius. On *post mortem* examination, a spindle-cell sarcoma was found to involve the left radius, and there were malignant deposits in the skull, pleura and anterior mediastinum.—See an account of the case by Sir J. Paget, in the "Medico-Chirurgical Transactions," vol. lx. Presented by Sir J. Paget, Bart. | |
| 367 | 74.—A section of the femur taken from the same patient as the preceding specimen. The changes in the bones are there described.<br>In this specimen the periosteum is seen to be unchanged; the medulla is soft and yellowish red, and apparently healthy. | " |
| 368 | 102.—Sections of the tibia of a lad about eighteen years of age. The left tibia is nearly an inch longer than the right; in its increase of length it has become curved, its ends, confined by their attachments to the fibula, having been prevented from separating more widely. The left tibia is increased in thickness as well as in length, chiefly by the expansion of its walls. The front wall is, in parts, an inch thick and composed of nearly uniform cancellous tissue; it is also more lengthened than the other walls.<br>The specimen is described in Sir J. Paget's "Lectures on Pathology," third edition, p. 63. | " |

| No. | Description. | Series. |
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| 369 | 167.—Necrosis of nearly the whole shaft of the femur. The chief interest of this case lay in the fact that the necrosis was unaccompanied by suppuration.<br>The patient from whom the specimen was removed (by amputation at the hip-joint) was a man, aged twenty, who was quite well until about ten weeks before his admission into the hospital, when he began to suffer from deep-seated pain, soon followed by swelling of the left thigh. About six weeks after the beginning of his illness, the limb suddenly gave way as he was walking across a room, and he fell. On subsequent examination it was found that the extremity was much shortened, evidently in consequence of a fracture of the femur in its middle third.<br>On making a section of the limb after amputation no inflammation of the integuments or muscles, no abscess or sinus were found, and not a drop of pus was visible. The fracture, which was five or six weeks old at the time of the operation, is surrounded by fibrous tissue, in which new bone has been deposited, so as to form a somewhat bulky callus. This band of connection is, however, but feeble. The upper half of the femur at its posterior aspect has not perished, but is considerably thickened by the formation of new bone. The dead bone is not at all points loosened from its connections, but is still continuous with the cancellous tissue of the interior at the upper and lower extremities of the shaft: it is surrounded by a moderately thick sheath of hard new bone, which is continuous with the portion of the wall of the shaft that is not necrosed. There are one or two small openings in the sheath of new bone, which seemed, in the recent state, rather as if made accidentally after removal of the limb, than like *cloacæ*.<br>The case is described by Mr. W. Morrant Baker in the "Medico-Chirurgical Transactions," vol. x., 1877. | C |
| 370 | 693.—The articular surfaces of a knee-joint, showing changes consequent on chronic rheumatoid arthritis. The synovial membrane, when opened, was of a deep port wine colour, which has been imitated by staining with carmine.<br>The parts were removed in resection of the joint, from a man, aged thirty-five years, who had suffered from pain in the knee for three years; the joint had been swollen for eighteen months. He died from pyæmia. A portion of the spine affected with rheumatoid arthritis is preserved in No. 379. | D |
| 371 | 788.—The upper part of a skull, with a depression of a small oval portion of the right side of the frontal bone, from a fracture received a long time before death. Both the surfaces and the margin of the depressed part are smoothly and completely united; but on the inner surface are traces of a starred fracture of the inner table. | A |
| 372 | 789.—A skull, in which there has been a comminuted fracture of the squamous portion of the right temporal bone, from which, also, a fracture extends through the meatus auditorius externus and base of the petrous portion of the base of the skull, nearly as far as the margin of the foramen magnum. The several portions of the squamous bone which were insulated by | " |

| No. | Description. | Series. |
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| | the fracture, are firmly re-united, but with narrow intervals remaining in places between them: the fracture through the base is similarly united. | A |
| 373 | 809.—Portion of a skull, in which a trephine hole, made thirty-four years before death, has been nearly filled up by new bone. The greater part of the new bone has been produced from the border of the aperture in the inner table. The aperture still remaining is of an irregularly oval form, about five lines long, and a line and a half wide. Its margins are sharp, and its borders shelve obliquely inwards and downwards from the surrounding healthy bone. It was filled up by a tough fibrous membrane.<br>The patient, a serjeant of marines, was struck on the head with a tomahawk, at the taking of the Danish fleet in 1807, and was trephined in the Haslar Hospital shortly afterwards by Sir Stephen Hammick.<br>Presented, with the history derived from the patient, by George Mantell, Esq. | " |
| 373 a | 876.—A skull-cap, showing a firmly united fracture extending from the middle of the frontal to the posterior part of the right parietal bone; it presents the appearance of a sabre-wound. | " |
| 374 | 883.—A skull-cap, in which a fracture with depression of the left parietal bone occurred many years before death. The fracture comprised a circle of bone, an inch in diameter, which was starred at its centre, and surrounded by a nearly circular fissure. The fracture is united, and the depression still remains; the centre of the depressed portion is nearly half an inch below the level of the contiguous internal surface of the skull. | " |
| 375 | 884.—A skull, showing a deep funnel-shaped indentation with rounded edges posterior to the parietal eminence, which penetrates the bone obliquely. A portion of the internal table, as large as a crown piece, has been detached, but is now imperfectly united to the skull. For a considerable distance around the depression, both on the vertex and base of the skull, the bone is extremely thickened and somewhat indurated.<br>The history is unknown. | " |
| 376 | 1019.—Dissection of a recently dislocated shoulder-joint, which was reduced during life. The deltoid muscle is cut across and reflected; the lower part of the muscle was bruised and separated from the bone to a slight extent. The subscapularis is cut across about one inch from its insertion; its under surface at this point was slightly bruised. Neither this muscle nor the supra-spinatus and infra-spinatus were lacerated. The capsule of the joint was untorn; a small extent of its anterior attachment, with the periosteum with which it was continuous, was detached from the margin of the glenoid cavity and adjacent bone, but the joint was not opened. The capsule has been cut across at its anterior attachment. There is a deep vertical indentation at the posterior margin of the articular surface of the head of the humerus. The anterior margin of the glenoid cavity fit accurately into this indentation, which appears to have been produced by the violent impact of the head against this prominent rim, on which it probably lodged. | B |

| | DESCRIPTION. | SERIES. |
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| | From a man aged thirty-six years, who was knocked down by a train whilst at work on the line. On admission he was found to have a sub-coracoid dislocation of the right shoulder, in addition to numerous other injuries, from which he died about twelve hours after the accident. The head of the right humerus could be distinctly felt beneath the coracoid process; the axis of the bone was directed considerably outwards and backwards. Reduction was effected extremely easily on slight traction being made in the usual manner.<br>The case is described by Mr. Eve, in the "Medico-Chirurgical Transactions," vol. lxiii., 1880. | B |
| 7 | 1038.—A dislocation of the right hip. The head of the femur is seen lying on the body of the ischium and ischial margin of the acetabulum, on a level with the lesser ischiatic notch. The sciatic nerve passes over the head of the bone, which is bound down by the obturator internus; the tendon of this muscle passes across the horizontal diameter of the head. The gemellus inferior is torn across; this is the only muscle which is torn or lacerated. The gemellus superior is absent. The whole of that portion of the margin of the acetabulum which is formed by the ischium is broken off and pushed above the head of the femur. The pyriformis muscle is raised up and put on the stretch by this fragment of bone. The rough fractured surface of the ischium is partially covered by he head of the femur, and partly exposed to view. The quadratus femoris is reflected, exposing the obturator externus, which tightly embraces the posterior and lower surfaces of the neck of the femur. A small extent of the lower and back part of the capsule is torn across; the upper and back part is intact and attached to the uptorn margin of the acetabulum; the inferior portion covering the cotyloid notch was also untorn. The psoas and iliacus muscles were removed in order to expose the ilio-femoral ligament. This ligament and the upper part of the capsule are untorn; the former presents an oval opening through which the bursa under the psoas communicated with the joint.<br>The specimen was taken from a middle-aged man who was brought into the hospital dead. He threw himself out of a window and fractured the base of his skull, besides dislocating his hip. The right leg was somewhat longer than the left. The thigh was adducted and rotated inwards. The knee was slightly flexed, and rested on the lower third of the left thigh; the right great toe rested on the ball of the left great toe.<br>The case, described by Mr. Eve in the "Medico-Chirurgical Transactions," vol. lxiii., 1880. | „ |
| 8 | 1045.—The left hip-joint of a man, aged forty-six, showing a sub-spinous dislocation. The head of the femur has left the acetabulum, and is lodged beneath the anterior inferior iliac spine, the great trochanter pointing directly backwards. The tendon of the psoas muscle winds round the outer aspect of the head to reach the lesser trochanter. The iliacus muscle is stretched over the inner portion of the head, and between the two muscles lies the anterior crural nerve. The femoral vessels lie to the | „ |

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| | into the ileum. The other large calculus which lies loose in the bottle had passed through another ulcerated aperture into the colon, and was found in the cæcum. | H |
| 6 | 795.—A patella which has been fractured transversely, near the attachment of the ligamentum patellæ. A part of the line of fracture still remains open; but in another, and smaller part, the two portions are smoothly united by firm and healthy bone. | A |
| 7 | 1,041.—Section of the head and neck of a femur, with the os innominatum of a man in whom dislocation of the femur and fracture of the acetabulum occurred fifty years before death. The dislocation was reduced; but, soon after, the head of the bone again escaped from the acetabulum, and was not again reduced. The head and neck of the femur are altered in form; shortened, flattened, and much increased in their vertical diameter; and the cancellous tissue of a thick layer of the head of the femur is consolidated and hard. A new and deep osseous cavity, with very thick walls, extends from the os innominatum, as if growing out from the original acetabulum, and incloses the head and a part of the neck of the femur. The wall of bone by which this cavity is separated from that of the pelvis, and which includes the former floor of the acetabulum, is an inch and a quarter in thickness, and is chiefly formed, like the rest of the walls of the cavity, of hard compact new bone. The surface of the cavity and that of the head of the femur are covered and partially connected by fibrous tissue; they have no articular cartilage. The obturator internus muscle and sciatic nerve are seen in their natural situations, but are flattened in consequence of the altered form and enlargement of the surrounding parts.<br>The patient was eighteen years old at the time of the dislocation. His limb was a little shortened, but he had good use of it. | B |
| 8 | 1,042.—The other half of the hip-joint, described above, after maceration. | ,, |
| 9 | 1,044.—A hip-joint, exhibiting a dislocation of the femur which occurred many years before death. The head of the femur has been thrown upwards and forwards, and is lodged in a cavity (formed in part by new bone, and in part by what appeared to be the displaced cotyloid ligament), at the margin of the ilium, in the situation of the anterior inferior spine. The ligamentum teres is flattened and elongated, but it retains its natural connections; bristles are passed beneath the two portions of this ligament, which are attached to the margin of the original acetabulum. The lower part of the head of the femur is irregularly absorbed.<br>The patient was forty years old. When about fourteen years old he fell from a ladder and injured his hip. He had great pain at the time of the accident, and for many months much difficulty in walking; but he recovered, and was in an active walking occupation till his last illness. The case is recorded by Mr. Wormald, in the *London Medical Gazette*, Vol. xix., p. 658, London, 1837. | ,, |
| 10 | 1,047.—A hip-joint, exhibiting elongation of the capsule and | ,, |

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| | of the ligamentum teres. The ligamentum teres has separated through its whole length into three cords. The internal surface of the capsule is beset by small pedunculated membranous growths. The elongation of the capsule has allowed the head of the femur to pass to a considerable distance from the acetabulum, which is contracted to a small triangular cavity.<br>Presented by W. J. Ward, Esq. An engraving of the specimen is published, with a paper by Mr. Stanley, "On Dislocations, accompanied by Elongation of the Ligaments," in the "Medico-Chirurgical Transactions," Vol. xxiv., Pl. iv. fig. 2, London, 1841. | B |
| 391 | 1048.—A hip-joint, exhibiting dislocation of the head of the femur with elongation of the capsule. The capsule is entire, and measures, now that it is laid open, between four and five inches in length. The cavity of the acetabulum has almost disappeared, being both reduced in size and filled by fibrous tissue. The ligamentum teres is absent, and a portion of the head of the femur has been absorbed. The capsule around the neck of the femur presents a fringe of slender growths.<br>The specimen is figured in the "Medico-Chirurgical Transactions," Vol. xxiv., Pl. iv., fig. 1, London, 1841; in illustration of a paper by Mr. Stanley, "On Dislocations, accompanied by Elongations of the Ligaments." | " |
| 392 | 1,049.—A hip-joint, exhibiting dislocation of the head of the femur on the dorsum of the ilium, which occurred a considerable time before death. On one side of the preparation is a part of the original capsule; this has been extensively divided in front, to show the acetabulum, which is contracted to a narrow triangular cavity nearly filled by fibrous tissue. On the other side of the preparation, the head of the bone is shown, deformed, reduced in size, and surrounded by a thick membrane of tough fibrous tissue, which is smooth on its internal surface. This membrane, forming the capsule of the new joint, is in part newly formed, and in part consists of the remains of the former capsule; it is extensively divided behind, to give a distinct view of the head of the bone. The cavity of the new capsule communicates with that of the old capsule below the neck of the femur, and their smooth internal linings are continuous. | " |
| 393 | 1,136.—Fracture of the odontoid process, taken from a man aged twenty years, who was struck down by a packing case, which fell from a crane, upon his head. He survived the injury two and a half hours. It will be noticed that the fracture passes through the weakest part of the base of the odontoid process, beginning posteriorly at the point at which the nutrient artery enters the bone, and terminating at the point of greatest concavity on the anterior surface of the body of the vertebra.—See "St. Bartholomew's Hospital Reports," Vol. xiii., p. 237. | A |
| 394 | 1,137.—First and second cervical vertebræ, with part of an occipital bone. The odontoid process of the axis, softened and ulcerated, is fractured across its base, just below the level of the transverse ligaments. The latter, as well as the other adjacent structures, retain a natural appearance. | " |

| No. | Description. | Series. |
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| | From a woman, aged thirty-six years, who had enjoyed good health until about four months prior to her death. She then began to complain of obscure pains about the back of the neck, which persisted. In moving about she carried her head stiffly, and always expressed a dread of moving it suddenly. One morning, whilst stooping over a tub in the act of peeling potatoes, her head fell forwards, and she was seen to drop. When picked up, a few seconds later, she was dead. | A |
| 395 | 1147.—Portion of a spine, including the lower cervical and upper dorsal vertebræ. A fracture extends obliquely through the upper and anterior part of the fourth dorsal vertebra, and the bodies of the third and fourth vertebræ are torn asunder. The spinal cord is diffluent opposite the seat of the injury.<br>From a man who injured his spine by a fall down the hold of a ship. Immediately after the accident the spines and laminæ of the injured and adjoining vertebræ were removed in an operation, performed by Mr. A. Willett, with relief of the existing symptoms of compression of the cord. On the fifteenth day after the operation, while the patient was being moved from one bed to another, the spine not being supported, he became completely paraplegic, and died three or four days afterwards. | ,, |
| 396 | 1152.—An atlas and axis. The odontoid process has been dislocated in such a manner as to leave a very narrow space only for the spinal cord, and the bones have subsequently become anchylosed.<br>They were found in a graveyard at Aberdeen, and presented by Mr. George Banks.<br>The specimen is described by Sir J. Paget in the "Medico-Chirurgical Transactions," Vol. xxxi., 1848. | ,, |
| 397 | 1153.—Model of an atlas and axis. The atlas is dislocated, and the odontoid process fractured. The spinal cord was not injured. | ,, |
| 398 | 2163.—Pericardial diaphragmatic hernia of the omentum. The specimen, probably unique, was taken from the body of a man aged 50, who was admitted into the hospital on account of stricture of the urethra. He died apparently from exhaustion, the result of pyelitis, ten days after admission. At the post mortem examination, on opening the pericardium, a very remarkable condition presented itself. At the first glance it seemed as if the heart were thickly covered by inflammatory lymph, but a moment's further investigation showed the appearance to be due, not to lymph, but to a large piece of the great omentum, about the size of the outstretched hand and fingers, which lay spread out uniformly over the front and sides of the heart, so as almost completely to hide it from view. The omentum is not in the least altered in structure. There were no signs of thickening from inflammation or any other cause, and there was no adhesion between it and the surface of the heart, or of the parietal pericardium; neither is the surface of the heart altered in any way from its normal characters, nor is the inner surface of the parietal pericardium changed. The | H |

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| | omentum had entered the pericardium through an aperture in its floor, which will readily admit the tip of the little finger, and the omentum is adherent to the edge of the opening. In the skin over the cardiac region a transverse linear scar, nearly an inch in length, was found, two inches below and about the same distance to the right of the nipple; and corresponding to the position of this scar, the structures occupying the space between the fifth and sixth ribs were found thinned and depressed. At the same spot a piece of the cartilage of the fifth rib lay partly separated from its former connections. All the parts had, however, long healed; the wound, probably a stab, having been almost certainly inflicted many months or years before death.<br>The hernia was doubtless the result of a wound of the floor of the pericardium, inflicted at the same time as the wound in the chest-wall. The past history, however, of the patient is unfortunately almost a complete blank, as he had no relatives in this country at the time of his death. No other of the thoracic or abdominal viscera besides the urinary, were found diseased. There were, however, indications of old disease of the spine.<br>The heart had been examined during life on more than one occasion by the house surgeon, but no abnormal condition was detected. For a fuller report of the case by Mr. W. Morrant Baker, see Vol. xxviii, 1877, "Transactions of the Pathological Society." | |
| 399 | 3345.—The pinna of an ear, injected, affected with arterial angioma (aneurism by anastomosis). On the upper margin and posterior surfaces the outline of the dilated and tortuous vessels is seen, beneath one of which a piece of glass is placed. Part of the external surface is rough from superficial ulceration. The section shows that the growth is composed of soft connective tissue, permeated by moderate-sized vessels.<br>*Microscopic Examination.*—A section shows large tortuous vessels with thin walls, giving off capillaries of nearly uniform size, which anastomose and form a close and more or less regular network. The walls of the arterioles are formed of a layer of endothelium, supported by a thin lamina of condensed connective tissue: the capillaries of endothelial cells. The connective tissue of the growth is loose, and contains numerous round cells.<br>From a woman aged twenty-one years. A pulsating lump on the upper part of the pinna had existed since birth. It grew very gradually until about six years ago, when it began to extend more rapidly. Ligation of a prominent portion, and later the insertion of pins beneath a part of the growth, were tried without effect. The ear stood out prominently from the head. It was of a dull red or purple colour, and of soft doughy consistence. There was distinct, slightly distensile pulsation, arrested by pressure on the carotid artery, with a marked humming bruit. The posterior auricular and temporal arteries, which supplied the growth, were much enlarged and pulsated | M |

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| | forcibly, but the morbid change did not extend to the integuments of the head and face. The ear was removed by an incision around its attachment, the divided vessels being held by assistants. Very little blood was lost.—See account of case by Mr. Eve in the "Transactions of the Pathological Society," Vol. xxxi., 1880. | M |
| 400 | Series xxxvi., 230.—A very large renal calculus. | N |
| 401 | B 21.—A specimen of mycetoma—fungus foot of India, or Madura foot. | G |
| 402 | B 22.—Section of a foot similarly affected. | " |
| | *Drawings exhibited by* Mr. W. Harrison Cripps. | |
| 403 | Pen and ink drawings of sections of morbid tumours beneath the microscope. | Z |
| | Series A. | |
| | Plates 1 to 20 illustrate the microscopic anatomy and development of adenoid disease (cancer) of the rectum. | |
| | Series B. | |
| | Drawings from tumours removed in St. Bartholomew's Hospital. | |
| | *Les pièces exposées par* M. le Professeur Charcot. | |
| 404 | 1.—Bassin et fémurs destinés à montrer l'usure des surfaces articulaires dans les arthropathies des ataxiques. | D |
| 405 | 2.—Moulage en cire d'une ataxique qui offrait des arthropathies multiples avec luxations des épaules de la hanche droite du genou gauche. | " |
| 406 | 3.—Squelette de la même femme montrant les lésions articulaires caractéristiques des arthropathies des ataxiques, aux articulations temporo-maxillaires, des épaules, de la hanche droite, des genoux, et une fracture de l'os iliaque vicieusement consolidée. | " |
| 407 | 4.—Des coupes microscopiques de ces os. | " |
| 408 | 5.—Des coupes microscopiques de la moëlle. | " |
| | *Drawings exhibited by* Prof. Aguello d'Ambrosio, Naples. | |
| 409 | 1.—Forme diffusée de sarcomedur lobé et polypeux de la peau de l'avantbras d'une femme. Cette espèce de sarcome n'a rien à faire et ne doit pas être confondu avec le keloide vrai d'Alibert.<br>Structure à cellules fusiformes. | Z |
| 410 | 2. (i.) Forme rare d'epitheliome tubereux et verruqueux, en même temps du dos de la main.<br>(ii.) Coupe verticale de la néoplasie aux limites de la peau normale. | " |
| | *Drawings exhibited by St. John's Hospital, per* Mr. St. Vincent-Mercier, Secretary. | |
| 411 | 1.—Giant Urticaria: No. 1, swelling on the side of left knee; No. 2, profile swelling on left knee, from $\frac{1}{16}$ of an inch to $1\frac{3}{8}$ inches in height; No. 3, profile of swelling on right fore- | " |

| No. | Description. | Series. |
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| | arm, from $\frac{1}{8}$ of an inch to $1\frac{1}{8}$ inches in height. Patient, a man, thirty-five years old. | Z |
| 412 | 2.—Fungus Hæmatodes of Skin: In a man forty-two years old. Following upon ligature of a mole. The skin was for long perfectly moveable upon the underlying cellular tissue. | ,, |
| 413 | 3.—Glanders: In a man forty-five years old. The pony from which he said he derived the contagion, and the only animal of the kind with which he had been in contact for months previously, was long after seen alive and well, having never shown a sign of the disease. | ,, |
| 414 | 4.—Lepra (Psoriasis) on the left leg of a man suffering also from lepra of the tongue. | ,, |
| 415 | 5.—A companion drawing of No. 4. Lepra of the tongue. | ,, |
| 416 | 6.—Lupus Non Exedeus: Showing great development of papillæ. The group in the left hand corner exhibits these magnified under strong lens. | ,, |
| 417 | 7.—Unusual development of molluscum contagiosum. The mass at A felt like an india-rubber ball partly filled with air. The growth on the left hand side is another specimen from the same subject. | ,, |
| 418 | 8.—Lupus Traumaticus: Following the bite of a horse. | ,, |
| 419 | 9.—Erythema Iris: In a man thirty six years old. Some of the patches are gradually undergoing transformation on surface into masses of spindle-shaped vesicles stretching nearly across diameter of patches; in others a small central vesicle is surrounded by a very broad areola (Herpes Iris). | ,, |
| | *Specimen exhibited by* Dr. H. Radcliffe Crocker. | |
| 420 | Part of a Bothriocephalus latus, evacuated by a woman after the administration of the extract of male fern. Numerous vertical slits in the median line, passing sometimes through one, but more often through several proglottides, separate the tœnia into two parts, connected by one or more perfect proglottides at intervals. In many parts, even where actual slits are not present, the substance of the proglottis is thinner than usual in the centre, and the uterus seems absent. | U |
| | *Cast exhibited by* Dr. Swayne, Clifton. | |
| 421 | Cast of pelvis of dwarf, 4 feet $\frac{1}{2}$ inch in height, and who was delivered by Cæsarian section, at the Bristol General Hospital, December 24, 1862. She died forty-two hours after the operation. Child living. (See "Obstetrical Transactions," vol. v. p. 84.) | W |
| | *Specimens and Drawings from the Museum at Netley, exhibited by* The Director-General of the Army Medical Department. | |
| 422 | 531.—Model of the foot of a Chinese girl, aged fifteen. | U |
| 423 | 532.—Plaster cast of ditto. | ,, |
| 424 | 3832.—Skeleton of the foot and lower part of leg of a Chinese lady, with one of the shoes found in the grave in which the lady was buried. | ,, |

| No. | Description. | Series. |
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| 425 | 3624.—Upper part of right femur. Union after fracture, just below the trochanters, by a bullet which is still embedded among the large quantity of new osseous matter. | A |
| 426 | 2925.—Shaft of humerus. Comminuted fracture by gunshot. Splinters firmly connected by osseous matter, small in amount. | ,, |
| 427 | 2934.—Necrosis of shaft of femur after injury by gunshot. | ,, |
| 428 | 2788.—Bony union after extensive depressed fracture of the skull. | ,, |
| 429 | 2929.—Upper part of femur removed by amputation at the hip-joint, for gunshot injury inflicted at the Battle of Waterloo. Amputation performed at Brussels, by Mr. Guthrie. | ,, |
| 430 | 505, App.—Head of tibia, perforated by a Chassepot bullet, at the Siege of Paris, 1870–1871. | ,, |
| 431 | 503, App.—Upper portion of tibia and fibula, fractured by a Prussian needle-gun bullet, at the Siege of Paris, 1870–1871. | ,, |
| 432 | 2794.—Fracture of base of skull, from injury by the end of a stick in fencing. | ,, |
| 433 | 2602, App. 96.—Dry caries of the cranium from syphilis. | C |
| | *Water Colour Drawings by* Sir Chas. Bell. | |
| | The following account, from the Museum at Netley, is obtained from a description by Professor Longmore. The drawings were executed by Sir Charles Bell when he was appointed Professor of Surgery in the University of Edinburgh in 1836, and were used as illustrations for his lectures. They were selected and enlarged from the drawings in a sketch-book, which was used by Sir C. Bell in the hospitals at Brussels, shortly after the Battle of Waterloo. | Z |
| 434 | 1.—Sabre wound. Portion of skull at the vertex completely detached by the sabre-cut. The corresponding part of the scalp remains, connected by a small isthmus. There are the following pencil notes in the sketch-book, alluded to above: "This man was brought to the hospital insensible. None of the soldiers knew him; he only can tell that he belongs to the 1st Dragoons. This portion of bone was completely detached, and a quantity of matter between it and the dura mater. On being urged to speak, he makes painful efforts to speak, but cannot. He can sit up in a chair without support, but stoops languidly, and with a vacant and indifferent expression of countenance." We are told that this man ultimately recovered. | ,, |
| 435 | 2.—Musket ball wound. Patient shot at the Battle of Waterloo. He lay three days on the field without food. The ball entered the cranium in front, passed through part of the brain, lodged behind, and was extracted on the 17th day. The patient recovered within two months.<br>Extract from note book: "This man had not a symptom. He is quite intelligent. The sketch I made while he was sitting in the chair, he having walked down to the operation room. The expression of pain was not from what he suffered from the wound nor from the surgeon either; but from the barber of the hospital, who was engaged with him at the time." | ,, |
| 436 | 3.—Gunshot wound. A musket ball has perforated the | ,, |

| No. | Description. | Series. |
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| | frontal bone, entered the left orbit, and is causing protrusion of the eye-ball on that side. The following notes are extracted from the sketch book: "He has no symptom; you see all. The ball entered here in the forehead. My probe passes three inches and a half obliquely downwards and towards the left temple." | Z |
| 437 | 4.—Gunshot fracture of skull. Fungus cerebri. "Portion of frontal bone was found driven into brain; it stood perpendicularly. Not possible to extract it, from its being firmly wedged. Trepanning performed." "On removal of bone a quantity of blood and brain came out." The patient subsequently died. In the drawing the fungus cerebri is very prominent; and the starting eyeballs, open lips, hectic flush, clenched hands, and general appearance are strongly indicative of meningeal irritation. | ,, |
| 438 | 5.—Two figures. (*a*) Gunshot wound. Penetration of both orbits by a musket ball, (*b*) Gunshot wound. Entrance of projectile over left malar bone. The following notes are pencilled down in sketch book.<br>(*a*) "This through both eyes. Deprived of two senses—vision and smell."<br>(*b*) "This man has lost sense of smelling. The left eye has gutta serena." | ,, |
| 439 | 6.—Sword wound, penetration of the œsophagus. "This wound is betwixt the sterno-cleido tendons in the centre and below the cricoid cartilage. The trachea may be wounded but there is no air passing out. The œsophagus is evidently wounded, for almost the whole food passes this way, and the saliva keeps trickling."—Notes from sketch-book. | ,, |
| 440 | 7.—Deep perforating wound of the right lower half of neck from grapeshot. "Continual bleeding on receiving the wound; since, several bleedings; the large cavity filled with coagulum, and the bandages soaked, stopped by cold applications; has been bled for pain in the chest and relieved." "No bleeding from wound for last three days. The wound will admit the hand! Sterno-cleido, scalenus, and trapezius seen distinctly; the nerves also, but covered with slimy granulations. The beating of the carotid distinct in the wound, pumping up the matter. The right arm tumid and paralytic." A line marking "exit of the ball" points to a wound a little above the right acromion. | |
| 441 | 8.—Extensive superficial wound of the chest by cannon-shot. "The flesh of the right breast thus torn off by a cannon-shot. The ribs not broken, no symptoms of internal inflammation, but breathing with difficulty. Is this from lesion of muscles of respiration? I believe not, but from effusion."—Notes from sketch-book. This man was reported convalescent. | ,, |
| 442 | 9.—Sabre wound of abdomen. The colon protruding and completely divided; its ends retracted from each other; omentum and meso-colon also protruded.<br>Notes from sketch-book: "belly opened by a sabre. Immediately the bowels protruded. Before he was off the field he had two stools, and none since downwards. When brought into hospital, third day after battle, the mass was gangrenous." | ,, |

| No. | Description. | Series. |
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| 443 | 10.—Gunshot wound of the right shoulder. The head of the humerus and acromion process of the scapula shattered. Excision of the head of the humerus attempted, but desisted from when the injury to the acromion was found, and amputation at the joint performed. | Z |
| 444 | 11.—Head of left humerus shattered by gun-shot at Waterloo. Head of the bone excised by transverse incision. The drawing appears to have been made on the 5th or 6th day after the operation. The shoulder appears swollen, red, and inflamed; and a transverse wound represents the line of incision made in the operation, which Sir C. Bell considered ought to have been longitudinal. This case is noted in the "Surgical Observations," p. 235. Full particulars of it are also published by Dep. Insp. Gen. Morell, the operator, in the 7th vol. of "Med. Chir. Trans," p. 161. See also remarks at length upon Sir C. Bell's views in this case by Mr. Guthrie in his treatise on "Gun-shot Wounds," 3rd edition, 1827, p. 469, etc., with an engraving illustrative of the injury before amputation. | " |
| 445 | 12.—Necrosis of humerus following fracture by gunshot, at Waterloo. | " |
| 446 | 13.—Left arm, with acromial end of the clavicle and glenoid cavity of the scapula, carried off by gunshot. In a letter to Sir Chas. Bell this case is thus referred to: "The case which you saw in my division, of the shoulder torn off, is now nearly well. He left this a few days ago with the invalids. The acromion process, which had been left bare, dropped off about a month ago." | " |
| 447 | 14.—Arm carried off by cannon-shot close to the shoulder-joint. The following are among the marginal notes with the original sketch. "The incision through the deltoides down to the bone, and the saw used so as to leave the head in the cavity. This, with a little picking, will make a good operation." Plate vii., in Sir C. Bell's "Surgical Observations," is an engraving from this drawing. The following description is given:—"He belonged to the German legion, and a round shot carried off his arm on the field of Waterloo. In this condition unsubdued, he rode upright into Brussels, fifteen miles, and presented himself to Dr. Bach, at the Hospital of St. Elizabeth. When put to bed he fainted, and remained insensible for half an hour." | " |
| 448 | 15.—Right arm carried off close to the shoulder-joint by cannon-shot. Among the marginal notes, with the original sketch, are:—"Brunswick Hussars, 16th. A great deal of blood on the field; it stopped spontaneonsly. . . . This was amputated by taking the head out of the socket, and the artery tied. This very unnecessary." | |
| 449 | 16.—Arm shattered from the elbow to the shoulder-joint. Incomplete amputation has been peformed. The patient from whom this drawing was taken made a very remarkable recovery from an attack of tetanus. Extract from letter, "There are but two cases living of all who had this affection—this man and a French officer. His death was constantly anticipated by all, and by none more than by myself, on account of the general ill success of our means in these cases. | " |

| No. | Description. | Series. |
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| 450 | 17.—Gunshot fracture of the leg in its lower third; the bone comminuted; the orifice small; general swelling of the limb. The limb is supported by a splint made of a bundle of straw.<br>Pencil notes by Sir C. Bell:—"This is an example of the state in which I found a great many limbs in the gendarmerie, three of which I amputated this morning. On forcing my finger into the wound it is in a sac or bag, with jagged, sharp bone all around; a quantity of bad matter spouting out after the finger." | Z |
| | *Specimens from the Museum of Guy's Hospital.* | |
| 451 | 1035[10].—A macerated and dried section of part of the spinal column, showing a repaired fracture of the first lumbar vertebra. The body of this bone is altered in shape, being much reduced in its vertical measurements at the anterior part, and it and the adjacent vertebræ are united by a bridge of porous bone. The articular processes are united, and for some distance above and below the fracture, the edges of the various articular surfaces are either irregular or tipped with a deposit of new bone. The fracture has caused considerable angular displacement and the spinal canal is all but obliterated. From a patient who died of pneumonia eight months after the injury. | A |
| 452 | 1017[70].—Spondylitis Deformans: Superficial ankylosis of the lumbar vertebræ to one another and to the sacrum. The union is by large masses of bone, on either side of the bodies, which might more properly be called exostoses. The articular surfaces and arches are free. | D |
| 453 | 1327[80].—A knee-joint laid open and showing its synovial membrane deeply bloodstained. Behind the specimen is a mass of blood-clot which came from the joint. From a patient under the care of Dr. Pye-Smith. Many other joints were affected in the same way. | ,, |
| 454 | The hip-joint from a boy, aged fifteen, who suffered from hæmophilia, under Mr. Bryant. The synovial membrane is stained a deep orange; one of the shoulders and one knee were in a similar but less extreme condition. | ,, |
| 455 | 1501[62].—Aneurism of the right sylvian artery, due to embolism. From a girl of sixteen, with mitral disease. | M |
| 456 | 1519[21].—Aneurism of the femoral artery, due to embolism. From a child of ten years, who died of ulcerative endocarditis and cerebral embolism. | ,, |
| 457 | 1506[25].—Femoral arteries which were secured by acupressure. They are in an extreme state of degeneration. From a patient under Mr. Cooper Forster. | ,, |
| 458 | 1501[5].—Arteries from the dog and horse, much contracted by spirit, put up by Mr. Bryant, to show the effects of torsion on the coats of the vessels. | ,, |
| 459 | 1514[75].—Preparation made by Mr. Bryant to show the effects of torsion upon the arteries of a human subject after death. | ,, |
| 460 | 1514[75].—Femoral arteries from a case of double amputation, showing the state of the vessels after torsion. From a patient under the care of Mr. Cooper Forster. | ,, |

| No. | Description. | Series. |
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| 461 | $1514^{7}$—An atheromatous artery, which has been twisted successfully after amputation. | M |
| 462 | $1084^{56}$—Repaired fracture of the occiput. A gaping fissure extends downwards and outwards not far from the lambdoidal suture. The dura mater was discoloured at the base of the brain by brown pigment—The lateral ventricles were dilated and held 14 oz. of fluid.<br>From a man aged thirty, under Dr. Wilks for epilepsy. He fell from a ladder eight years previously. His memory then began to fail, and subsequently he had fits. | A |
| 463 | $1084^{55}$—Part of a skull with a repaired fracture of its base traversing the petrous bone, and opening the tympanum. The bone is firmly united as a whole, although parts of the fissures are still open. From a man aged forty-six, who died of cancer of the stomach twelve weeks after a fall from a ladder, which had rendered him unconscious, and after which, water and blood escaped from his ear. | ,, |
| 464 | $1084^{52}$—Fracture of the right side of the skull of three months' duration. Part of the fracture is still gaping; it was thought that part had united. There was osteophytic formation of new bone, and much tawny discoloration, which is still seen about the inner surface of the bone and on the frontal lobes of the brain.<br>From a man, aged twenty-seven, under Mr. Cooper Forster, who fractured his skull and spine, and who died of pleurisy; but as regards his skull he was doing well. | ,, |
| 465 | $1034^{80}$—Part of the spine from the same case. The eleventh dorsal vertebra was fractured three months before death and caused paraplegia. Very little repair appears to have been effected. | ,, |
| 466 | 1074.—Calvaria covered with large tuberous exostoses on its inner surface. The frontal bone is particularly affected.<br>The patient had suffered much from tic douloureux. | C |
| 467 | $1084^{50}$—Part of the base of the skull, with a fracture across the anterior and middle fossæ. There is a thin layer of callus, best seen about the ethmoid bone, and the bony cement between the edges of the fracture is seen on the orbital aspects of the frontal bone where the fracture traverses the roof of the right orbit.<br>From a man aged thirty-five, who fell from a mast on November 4th, and died of pyæmia on December 30th. | A |
| 468 | $1072^{54}$—Atrophy of the inner surface of the calvaria, attributed to internal pressure from gliomatous growths in the brain. The tympanic cavity is laid open, and the petrous bone around it extensively absorbed.<br>From a man, aged 40, who died of cerebral tumours. | C |
| 469 | $1069^{30}$—Thickened calvaria associated with osteoid cancer of the vertebræ and ossa ilii. The long bones were not affected, but the association of the thickened skull with symmetrical bone tumours of the ossa ilia and vertebræ suggest a relationship between this case and osteitis deformans.<br>From a female, aged 60, under the care of Dr. Wilks for paraplegia. | ,, |

| No. | Description. | Series. |
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| 470 | $1069^{5b}$.—Great hypertrophy of the cranium and long bones, the latter being abnormally curved. The disease is evidently osteitis deformans. The specimen was obtained from the dissecting room, and came from the workhouse; it is without any history, except that the subject was a male, about 45. | C |
| 471 | $1069^{20}$ } Calvaria and clavicle, rib, and femur of osteitis de- $1132^{51}$ } formans. They show the enlargement of the bones, and at the same time the tendency to curving of the long bones. From a man, aged sixty, who had been affected fourteen years. He was crippled, and died from dyspnœa and dropsy. An epithelioma of the dura mater was found at the inspection. | ,, |
| 472 | $2104^{15}$.—Epithelioma of the bladder, from the chronic irritation of a calculus. | O |
| 473 | $2104^{73}$.—A calculus and part of the prostate, removed by lithotomy. | ,, |
| 474 | $2104^{74}$.—A tumour of the prostate removed by lithotomy. Both cases occurred to Mr. Bryant, and in both there was considerable difficulty in extracting the stone, which was overcome by removing the tumour and stone in the same grasp of the forceps. | ,, |
| 475 | A villous growth removed from the bladder by an operation as for lateral lithotomy, by Mr. Davies-Colley. | ,, |
| 476 | $1789^{36}$.—Part of an œsophagus with the trachea. Just below the bifurcation of the latter is a large hernia of the mucous membrane, forming a large sacculus. The cyst was found by Dr. Hilton Fagge, who made the inspection, to be full of mucus. It had caused no symptoms. | H |
| 477 | $1789^{45}$.—Myoma of the œsopsagus. An oval tumour of considerable size is seen in the submucous tissue. It had given rise to no symptoms, aud death occurred from quite other causes. | ,, |
| 478 | A plaster cast of the foot of a boy with congenital hypertrophy of the first and second toes. The two toes were removed by Mr. Davies Colley. | W |
| 479 | $2020^{32}$.—Supra renal capsules from a case of Addison's disease. This connection with the semilunar ganglion is shown by the dissection made by Dr. Hakeston. From a boy aged eighteen, with well-marked symptoms. | F |
| 480 | $2020^{33}$.—Supra renal capsules, from a case of Addison's disease, from a young woman under Dr. Wilks. From the Museum of Guy's Hospital. | ,, |
| 481 | $2020^{35}$.—Supra renal capsule, from a case of Addison's disease. | ,, |
| 482 | $2020^{35}$.—Disease of the supra renal capsules, the tissue being quite destroyed by adventitious deposit—one organ is small and atrophied, the other is much increased in size and has softened. Case I. in Dr. Addison's work. | ,, |
| 483 | $2020^{68}$—Disease of the supra renal capsule; the organs being occupied by a yellow deposit, set in a tough grey fibrous tissue. The last case which occurred to Dr. Addison before his death. From a boy aged thirteen. | ,, |
| 485 | $2092^{30}$.—The urinary organs of a female child aged eighteen months. The left kidney in a state of suppuration and the ureter | N |

| No. | Description. | Series. |
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| | much thickened and dilated. The child had strained a good deal at micturition for some time, and a protrusion existed at the meatus urinarius of funnel shape, and into which a probe could be passed for some distance. This was ligatured and removed by Mr. Davies Colley. The *post mortem* showed that this must have been the lower part of the left ureter, the stump of which is seen in the preparation as a ragged ulcer from which the parts were removed. | N |
| 486 | $1670^{60}$.—Ichthyosis of the tongue. The surface is split up into a number of quadrilateral or irregular plates, with deep grooves between them. From a man, aged fifty-five, who died from fracture of the skull. | U |
| 487 | $1670^{6}$.—Ichthyosis of the tongue. | ,, |
| 488 | $1591^{70}$.—The membranes of the vault of the skull showing a hœmatoma or cyst in the dura mater or cavity of the arachnoid. | E |
| 489 | $1057^{10}$.—Hydrocephalic calvaria from the same as the preceding specimen. From a young man in the dissecting room. | ,, |
| 490 | $1621^{60}$.—Disseminated clavus. The hand of a Hindoo, who died in Calcutta Hospital from the effects of an accident. He was idiotic and epileptic. The soles of both feet and the palms of the hands were affected in a similar manner, being covered with numerous hard elevations, due to great thickening of the horny layer of the cuticle. The preparation was given to Mr. Davies Colley by Dr. Gager, of Calcutta. | U |
| 491 | An antero posterior section of the frontal bone and brain, on the right side of the median line, showing a large bony tumour which grew from the frontal bone backwards into the pan of the skull, and appeared in front as a bony tumour above the orbit. The patient was under Mr. Jacobson's care. | C |
| 492 | The bone of the skull of a child, aged four and half years, with the brain in situ. The upper part of the brain has been removed to show a large cavity formed by a dilate descending and posterior cornea. The tempero phenoidal lobe being everywhere adherent to the skull. The child fractured its skull when two and half years old, and upon this a tumour formed on the left side of its head which contained cerebro-spinal fluid. This swelling subsequently diminished, and the child showed no special symptoms. It died two years after the accident from other causes. The case was under the care of Mr. Lucas. | E |
| | *Exhibited by* Mr. James Startin. | |
| 493 | Specimen of mouse affected with a skin disease—favus. | U |
| | *Exhibited by* Dr. John Walters and Mr. W. A. Berridge, Reigate. | |
| 494 | Gall-stone. Operation of abdominal section. The patient, a female, aged sixty-nine was taken ill on February 2nd, 1880. Gall-stone was diagnosed, and the usual remedies prescribed; but vomiting and complete obstruction persisted, and, on February 8th, abdominal section was performed, with full antiseptic precautions, and the stone was removed from about the middle of the small intestine. The patient rallied well from the | H |

| No. | Description. | Series. |
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| | operation and appeared to be doing well, but died rather suddenly twenty-four hours afterwards.<br>At the *post-mortem* the liver was found to be large and fatty. The gall bladder could not be found, but where it ought to have been the duodenum was adherent to the liver by a mass of fibrous tissue, and a ragged opening existed in the upper part of the duodenum, where it was adherent to the liver. A few small fragments of stone were also found. For full details see "Lancet." | H |
| | *Specimens exhibited from St. Thomas's Hospital Museum, per* Mr. Charles Stewart. | |
| 495 | A 67[1].—Upper and lower extremities of a right humerus with upper extremities of ulna and radius, comminuted by fragments of a shell for which they were excised. The patient recovered with a useful arm with which he could dig and write. Mr. McCormac's Case. | A |
| 496 | A 67[2].—Sequestrum of the shaft of the humerus removed from previous case some time after the first operation. | ,, |
| 497 | A 116[5].—United impacted fracture of articular portion of external condyle of femur; one fragment has been driven upwards, and half an inch above the normal level of the articular surface of the condyle. | ,, |
| 498 | C 6[2].—Centrifugal atrophy, from a woman long bedridden. | C |
| 499 | D 29[1].—Fingers showing deposit of urate of soda in the tendons, their sheaths, and the joints. From a case of gout. | D |
| 500 | D 111[1].—Deposit of urate of soda in knee-joint (in spirit). | ,, |
| 501 | D 111[2].—Ditto, ditto (dry). | ,, |
| 502 | D 29[3].—Metacarpal bone and two proximal phalanges with tendons showing deposit of urate of soda in tendons, their sheaths, and the joints. The articular cartilage has disappeared from one joint, and the deposit extended up the medullary cavity. | ,, |
| 503 | D 99.—Half of knee-joint showing extreme condition of chronic rheumatic arthritis, joint enlarged, ligaments thickened, masses of new bone in them and around the joint margins, with wearing down of the articular ends of the bones. | ,, |
| 504 | D 100[2].—Knee-joint from case of chronic rheumatic arthritis of long standing, most joints being affected. Friction grooves on external condyle and corresponding parts of tibia and patella are well shown. | ,, |
| 505 | D 110[3].—Knee-joint, combining the appearances of rheumatoid arthritis and gout. | ,, |
| 506 | E 35.—Right half of four lumbar vertebræ. The two middle ones are ankylosed after the destruction of their neighbouring surfaces; the lower of the two is the one especially involved. There is no curvature. | ,, |
| 507 | F 16[2].—Head of an ulna with tendon of triceps attached. The bursa over the olecranon is distended with urate of soda; the articular surface shows a similar deposit. | ,, |
| 508 | N 92[1].—Brain; the ventricles are greatly distended. From a case of chronic hydrocephalus. | E |
| 509 | M 25[1].—Extreme dislocation, with fracture of lumbar vertebræ; the parts united by bony callus. From a man, across | A |

| No. | Description. | Series. |
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| | whose back a large piece of timber had fallen. Paraplegia immediately followed the injury. He died three and a half months after the accident. | |
| 510 | R 18.—Retroperitoneal or mesenteric hernia. The whole of the small intestines, except the duodenum, have passed behind the dorsal layer of the peritoneum, which now forms the ventral walls of a chamber in which they are contained. Sir Astley Cooper. | II |
| 511 | R 19[1].—Abnormal diverticula of the peritoneum, which favour the formation of a retroperitoneal hernia. | ,, |
| 512 | R 45.—A labial hernia, containing omentum and intestine. | ,, |
| 513 | S 7[2].—A liver; the surface is nodular. The capsule is thickened, especially between the nodules. The connective tissue surrounding the larger branches of the portal vein, &c., is also increased. | |
| 514 | S 7[3].—A liver, with gall-bladder and portion of duodenum attached. The right lobe is exceedingly atrophied, so as to appear like a mere appendage of the left, which is hypertrophied, and shows a few scar-like depressions of its surface. The capsule of the atrophied lobe is much thickened, and was adherent to the diaphragm; its glandular structure was retained, bile flowing from it on section. | ,, |
| 515 | S 17[3].—Section of waxy liver, stained by and preserved in a watery solution of iodine. The lobules show the characteristic stain. A point in the centre of the lobules and the interlobular tissue being of ordinary colour, due to iodine. | X |
| 516 | S 87.—Four gall-stones. The one marked 4 was lodged in a pouch of the jejunum, where it had produced ulceration and perforation. | II |
| 517 | S 87[1].—Gall-stone, weighing 5 drachms, and measuring $1\frac{5}{8}$ in. It was passed per rectum by a woman, who a fortnight before had been confined, and for three weeks had complained of excessive pain in her back, with constant diarrhœa of a pale yellow colour. She was never jaundiced. Presd. by Dr. Ord. | ,, |
| 518 | V 15.—Tongue, pharynx and larynx, from a case of Addison's disease. There are darkly pigmented patches on the sides and tip of the tongue; the fungiform papillæ of its dorsum are likewise of a dark brown tint. The mucous membrane of the pharynx is pigmented. | F |
| 519 | V 16[1].—Portion of stomach, showing pigmentation of its mucous membrane. From a case of Addison's disease. | |
| 520 | X 1[1].—Heart, showing extensive rupture of the right ventricle. From a man aged twenty-five, who had always enjoyed good health, and was noted as an athelete. He received a blow with a fist in the epigastrium, and fell to the ground insensible, was kicked, and died forty minutes afterwards, without recovering consciousness. The pericardium was distended by blood, and the muscular substance of the heart showed in places some fatty degeneration. | L |
| 521 | X 32[2].—A heart. The left auricle is greatly enlarged, and nearly filled with laminated clot, traversed by small canals, continuous with the pulmonary veins. There is great stenosis of the mitral orifice. | ,, |

| No. | Description. | Series |
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| 522 | X 59.—A heart hypertrophied and dilated, with the pericardium adherent. In the anterior wall of the left ventricle is a circular opening, about an inch and a half in diameter, communicating with a globular aneurism, about four inches in diameter. The anterior wall of the aneurism is not more than a line in thickness, and appears to be only pericardium. The sac is lined by a thick layer of laminated coagulum. | L |
| 523 | Y 125.—Ligature of the abdominal aorta immediately above its bifurcation. The patient survived forty hours. From a case of Sir Astley Cooper's. | M |
| 524 | Y 155[1].—Portion of a right thigh, showing a varicose condition of the greater part of the internal saphenous vein and its branches. The vessel is dilated and tortuous, its coats thickened, and the interior occupied by plates and masses of fibrine, attached most closely to the inner bends, where friction is greatest. For about three and a half inches of its upper part the vein is of normal size, but is again dilated at the saphenous opening, where, at one point, its coats are extremely thin. The lymphatic vessels and glands are enlarged.<br>From a man aged 67, who died after repeated attacks of hœmorrhage from a varicose ulcer of the leg. | ,, |
| 525 | Y 156[1].—An aneurism at the point of bifurcation of the abdominal aorta has obliterated the communication between the left common iliac vein and the vena cava, and now opens into the former vein. Pressure applied over the abdomen has caused blocking of the superior mesenteric artery. The man died from gangrene of the intestines. | ,, |
| 526 | AA 33[3].—Congenital cystic disease of both kidneys. The large size of the abdomen, consequent on that of the kidneys, caused great difficulty in delivery. | N |
| 527 | GG 16[2].—Uterus and its appendages. Attached to the anterior wall of the uterus is a placental polypus, one and a quarter inches in diameter. In its venous sinuses, and those of the uterus may be seen chorionic fringes, the seat of myxomatous degeneration. They extend nearly to the peritoneal surface.<br>From a woman aged forty, who, after being pregnant for four months, suddenly lost a considerable quantity of blood (without pain) per vaginam, and smaller quantities during the next three weeks. Labour pains then commenced, and she expelled an hydatid mole. For five months after this she suffered from exhaustive sanious discharge. The uterus was injected with a solution of chloride of iron; the woman died suddenly during the operation. At the *post-mortem* some of the solution was found in the abdominal cavity.<br>*Vide* "Obstetrical Transactions," vol. xxi. p. 51. | P |
| 528 | GG 14[5].—Vertical section of pelvic viscera. There is great hypertrophic elongation of the cervix uteri. The peritoneal surface of the body of the uterus is covered with fibrous membrane, the result of peritonitis; and in its anterior wall are three small fibro-muscular tumours. A polypus, arising from the front of the os internum, descends into and fills the canal of the cervix. The posterior wall of the vagina is prolapsed. | ,, |

| No. | Description. | Series. |
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| 529 | GG $14^{3}$.—Vertical section of pelvic viscera *in situ*, showing great elongation of the uterus, and thinning of its walls. The fundus retains its normal position. The vagina is prolapsed and thickened; it has dragged downwards the floor of Douglas's pouch and the trigone of the bladder. The urethra is much curved and the bladder dilated, probably from voluntary retention of urine. | P |
| 530 | GG $14^{6}$.—Vagina, uterus, and its appendages, from a case of complete inversion. The Fallopian tubes and round ligaments may be seen hanging out of the infundibulum formed by the inversion of the uterus. Below is the roughened placental surface, protruding through the dilated vagina.<br>From a secondipara, aged twenty-seven. Half-an-hour after childbirth hæmorrhage set in, the placenta being not yet expelled. The midwife exerted traction on the cord; the patient had severe abdominal contraction, uttered a violent shriek of pain, and a round body protruded from the vulva. The patient was seen moribund. There was no opportunity of replacement. | ,, |
| 531 | GG $14^{7}$.—Right half of pelvic viscera, showing anteflexion of the uterus, with os lying to the left of the mesial line. The bladder shows a small sacculus external to the opening of the ureter; the opposite side had a similarly situated sacculus.<br>From a married woman, aged thirty-three, who had not borne children. | ,, |
| 532 | KK $20^{3}$.—Dermoid cyst, with rectum, bladder, aorta and vena cava attached. The cyst, with its contents, weighed $14\frac{1}{2}$ lbs. It was removed after death from the front of the spine. It occupied and greatly distended the abdominal cavity.<br>From a man, aged twenty-eight, who had been apparently in good health until a week before death, when the abdominal tumour was detected, and a trochar passed, which was followed three hours afterwards by acute peritonitis. The greasy contents of the cyst had prevented adhesion between it and the opening in the abdominal wall. *Vide* "Med. Chir. Trans." vol. lxiii. p. 1. | Q |
| 533 | KK $29^{4}$.—Portion of the more fluid contents of the above cyst. | ,, |
| 534 | KK $20^{61}$.—Nearly all the hair that was obtained by carefully washing cyst contents. | ,, |
| 535 | CC, A 52.—Two halves of an uric acid calculus, which weighed when first removed twenty-five ounces. A deep grove passes obliquely round the calculus, being most marked below and at the sides, and disappearing on its upper surface. This is probably formed by the pressure of a hypertrophied muscular band that forms the posterior boundary of the trigone, which acts as a sling supporting the calculus. This stone was taken after death from the bladder of Sir Thomas Adams, Bart., a former president of St. Thomas's Hospital. He died in the eighty-second year of his age. | O |
| 536 | CC, A*a* 5, 6, 7, 8, 9.—Five examples of calculi which spontaneously ruptured in the bladder. They consist of uric acid, with a trace of urate of ammonia. Their surfaces, worn after | ,, |

| No. | Description. | Series. |
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| | the rupture, are now covered with a thin layer of urate of ammonia.—Presented by Dr. Ord. | O |
| 537 | KK 29[4].—A fœtus of the ninth month. From the sacral region projects a cystic sarcoma, which measures 18½ inches in horizontal circumference, and 7 in transverse diameter. It probably arose in connection with the coccygeal gland. It caused considerable difficulty in delivery, but was reduced in size by the rupture of some veins on its surface. | P |
| 538 | LL 80.—Communication between pericardium and peritoneum. There is an opening three inches in diameter in the central tendon of the diaphragm. Omentum passes through the opening, and is attached to the heart. The heart rests on the left lobe of the liver, where its capsule is thickened. | H |
| 539 | LL 22[1].—Two halves of a fœtus, to one of which the uterus and placenta are attached. The membranes are closely adherent to the fœtus, and have undergone extensive calcareous degeneration and conversion into adipocere. The vernix caseosa was in a similar condition; there was also a like deposit in the loose areolar tissue below the scalp, and between the muscles of the limbs and trunk; all other tissues were hard from loss of fluid only.<br>From a woman, aged seventy-four, in whose abdomen it had been retained for forty-three years, and who died from chronic kidney disease. She had one child, which survived its birth only a few hours. Her last gestation was supposed to be tubular, with rupture into abdominial cavity, *Vide* "Obstetrical Transactions," vol. viii. p. 106. | P |
| 540 | AA 66[12].—Calculi, removed, *post mortem*, from a woman of middle age. The upper specimen, which is cut in half, was contained in the pelvis of the right kidney. It consists of almost pure indigo, with some phosphate of lime, and a few crystals of hæmin. The kidney was hypertrophied, somewhat hyperæmic; otherwise healthy. The other calculi were removed from the left kidney; they consist of phosphates. The kidney was destroyed by a round-celled sarcoma. *Vide* "Path. Trans." vol. xxix. p. 155.—Dr. Ord's case. | N |
| 541 | AA 66[13].—A calculus removed from the right kidney of a man who died from malignant disease of the bowels. The calculus filled the pelvis, to which it was firmly adherent. The kidney was healthy. The outer crust of the stone, when first removed, was somewhat soft, and of a dark reddish black colour; it is composed of a substance chemically related to chitin; its colour is neither due to blood nor urochrome, nor does it give reactions of indicum. The nucleus, whose surface is much eroded, is chiefly composed of urate of ammonia. There are large crystals of uric acid between nucleus and crust.—Dr. Ord's case, | N |
| | *Methods of Mounting, exhibited by* Mr. Chas. Stewart. | |
| 542 | 1.—A brain, preserved in a basin which is kept filled with spirit at all temperatures by the arrangement at the side. When the spirit in the basin expands, it flows into the bottle; when it contracts, the spirit passes back again. The air in the bottle acts as a compressible spring. | X |

| No. | Description. | Series. |
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| 543 | C 249[2].—Half of lower end of femur greatly expanded by a malignant growth. The bone was in many pieces; now united by fine silk. | X |
| 544 | N 60[2].—Arteries from the base of the brain. The external and internal fibrous coats are much thickened, and in many parts the vessels are blocked by thrombi. There are also gummatous masses connecting them in places. Also, a gumma in the tentorium. Specimen sewn on mica with fine silk. | ,, |
| 545 | C 19[3].—Sternum, costal cartilages, and parts of ribs from a case of rickets. The translucent cartilage at the growing ends of the ribs retains its character from being preserved in a solution of acetate of potash. | ,, |
| | *Specimens, exhibited by the Council, from the Museum of the Royal College of Surgeons, Ireland.* Per Dr. Phin. S. Abraham, | |
| 546 | [R.C.S.I., i.]—*Extensive fracture of cranium, involving base, united.*—The principle line of fracture extends above the right orbit upwards as far as the coronal suture for a distance of above eleven centimetres. The union along this line is not complete, one large and several small spaces appearing. A second large line of fracture reaches from the margin of the right orbit, across the nasal prolongations of the superior maxillæ, then obliquely upwards and outwards across the roof of the left orbit; a deep indentation in the orbital margin is connected with the end of this line. A third offshoot from the first-mentioned fracture largely involves the roof of the right orbit. The fractures everywhere are more or less comminuted and complicated by secondary offshoots.<br>The interior of the cranium presents extensive evidence of the fracture, the lines of which are indicated by fissures, cavities, and corrugated outgrowths. Some of the latter, which are large, with smooth surfaces and ordinary osseous character, are probably of long standing; others small, rough, and vegetating, have not a normal bony appearance, and are probably of more recent growth. The section through the parietal bone, a little behind the extremity of the longest line of fracture, shows a considerable local hypertrophy of the bone substance from chronic osteitis.<br>*History.*—The subject from whom the specimen was obtained was a woman *æt.* twenty, who, when two years old, had fallen out of a window and fractured her skull. After apparently recovering from the effects of the fall, at eighteen years of age she had a severe fever, after which she became subject to epileptic fits, during one of which she died, eighteen years after the original injury.—Presented by Dr. Minchin. | A |
| 547 | [R.C.S.I., ii.]—*Stellate Fracture of Frontal, with implication of base of cranium, united.*—Four lines of fracture, start from a point 4 c.m. above the superior margin of the right orbit, the largest going inwards and backwards in almost a straight line, crosses the middle line, and reaching the coronal suture; a second passes in a curve backwards and outwards to the coronal | ,, |

| No. | Description. | Series |
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| | suture near to the pterion; the third almost directly downward and in line with the first; and the fourth in a curve inwards an downwards in line with the second, nearly to the orbital margi Between the second and third, the angle of bone is slightly depressed.<br>The interior of the cranium presents but slight evidences of the fracture along the principal lines; but the horizontal plate of the frontal, roofing the right orbit, is rugose in places and shows unmistakable indications of fracture as far as the sphenoidal junction.<br>*History.*—A dissecting-room specimen.—Presented by Professor Bevan. | A |
| 548 | [R.C.S.I.. iii.]—*Extensive fracture of frontal and parietal bones, united.*—A large piece of the frontal bone, nearly 7 c.m. in diameter is depressed, at one point to a depth of 1 c.m.: several lines of fracture completely ankylosed extend from this, the two longest reaching across the left and right parietals respectively—the former almost to the posterior inferior angle of the bone. The frontal bone in this subject is double, and the inner front angle of the left is prized up above the level of the neighbouring bones: the sutures at this point are much started. Within the skull, the lines of fracture are seen converging to this most depressed point of the frontal, but they are mostly obliterated by long union.<br>*History.*—For many years after the injury (how caused not stated), the man was afflicted with violent mania, in one of the paroxysms of which he died.—Presented by Prof. Todd. | ,, |
| 549 | [R.C.S.I., iv.]—*Fracture of clavicle, with fibrous union of the fragments.*—The left clavicle is fractured transversely, or sub-obliquely, at a point 5 c.m. from the acromial end, the inner fragment overlapping the outer. Osseous union has not taken place, but the parts are united by dense fibrous tissue.<br>No history of the specimen has been preserved. | ,, |
| 550 | [R.C.S.I., v.]—*Separation of the Epiphyses of the radius and Ulna.*—The subject from which this specimen was taken was a young man, who died of injuries received in a fall from scaffolding. The parts are placed as nearly as possible as found on dissection. Presented by Dr. Geohegan. | ,, |
| 551 | [R.C.S.I., vi.]—*Fissure of the carpal articular surface of the radius.*—This specimen, of which no history is preserved, exhibits what may be termed the first stage of the variety of incomplete fracture seen fully developed in the two following specimens, which results from crushing of the lower fragment of the bone antero-posteriorly. Traces of the extension of the fissure into the shaft, can be seen, but united. | ,, |
| 552 | [R.C.S.I., vii.]—*Longitudinal fracture of the radius, incomplete.*—The main fracture extends from before backwards, across the carpal articular surface, rather less than 1 centimetre from the internal border, and is seen reaching for 4·5 centimetres up the shaft on the posterior surface, and for about 5 centimetres up the anterior surface. A second fracture extends partly across the articular surface 1·5 centimetres from the styloid process and | ,, |

| No. | Description. | Series. |
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| | diagonally outwards until it meets the ununited epiphysial line.<br>There is, further, a complete fracture of the cuneiform bone, along a plane extending from before backwards and passing through the articular surfaces for the *ossa lunare and magnum.*<br>*History.*—The fracture was caused by the entanglement of the wrist in machinery. Presented by Dr. B. Wills Richardson. | A |
| 553 | [R.C.S.I., viii.]—*Fracture of radius and ulna and carpal bones.*—The radius and ulna show extensive longitudinal fissures and green-stick fractures, with flattening out of the lower portions.<br>The carpal bones are most of them more or less crushed.<br>*History.*—The specimen is from the arm of a child, aged thirteen, who was injured in a railway accident. Presented by Mr. Tuffnell. | ,, |
| 554 | [R.C.S.I., ix.]—*Colles' Fracture (simple).*—Left radius of a female fractured at its lower extremity and reunited by bone. The inferior fragment is a little behind the superior, and the articulating surfaces on it are inclined somewhat backwards. The callus extends for 3 centimetres up the posterior aspect of the shaft.—Dr. Houston. | ,, |
| 555 | [R.C.S.I., x.]—*Colles' Fracture (simple).*—Transverse fracture of the carpal extremity of the radius, three-quarters of an inch above the articular surface. The lower fragment is displaced backwards much further than usual; it has very nearly cleared the extremity of the upper fragment, which projects forward, and is also slightly displaced inwards towards the ulna; the articulating surface is directed backwards, and the hand, wrist, and lower fragment of the radius are drawn towards the side of supination. The lower extremity of the ulna is displaced forward, forming a remarkable projection toward the palmar surface of the wrist, and the lower part of the shaft of the ulna has acquired a singular curve, as if to accommodate itself to the shortened condition of the radius.—R. W. Smith, "Fractures," p. 192. Presented by Professor Todd. | ,, |
| 556 | [R.C.S.I., xi.]—*Colles' Fracture (simple).*—"Radius fractured within half an inch of the wrist. The subject of it was an old woman, who threw herself from a window, and in the fall broke, together with her radius, her skull, of which she died in about a fortnight after. The preparation shows a soft, fleshy line of connection, which has been formed preparatory to reunion by bone. Callus does not exist around the outside of the fracture, nor is there any softening of the bone in its immediate vicinity."—J. W. Cusack, Esq.<br>"There was no impaction whatever in this recent specimen of either fragment into the other."—R. W. Smith.<br>(Smith's "Fractures and Dislocations," p. 146. Described and figured.) | ,, |
| 557 | [R.C.S.I., xii.].—*Colles' Fracture.*—In this, which is a specimen of recent fracture, there is evidence of deep impaction of the posterior wall of the upper fragment into the lower, | ,, |

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| | with splitting of the dorsal surface of the latter; the fissures have not reached as far as the articular surface. The lower fragment is bent as on a hinge backwards, along an irregular transverse line on the anterior aspect of the bone, about two centimetres above the carpal articular surface. Presented by Mr. Croly. | A |
| 558 | [R.C.S.I., xiii.]—*Colles' Fracture (comminuted).*—In this specimen the lines of fracture seen on the carpal articular surface are placed in the position usual in examples of extensive comminution of the lower fragment, *i.e.*, a line of fracture starting in the ulnar facette, passes along close to the dorsal margin of the carpal surface, branching backwards into the grooves for the extensor tendons, and by a single branch forwards through the facette for the scaphoid bone. Presented by Dr. Bevan. | ,, |
| 559 | [R.C.S.I., xiv.]—*Colles' Fracture (comminuted).*—Complicated by fractures of the shaft of the radius above the ordinary level. Presented by Dr. Bevan. | ,, |
| 560 | [R.C.S.I., xv.]—*Colles' Fracture (comminuted, with fracture of the ulnar styloid process).*—The compact tissue of the posterior wall of the upper fragment is much lost, but its direction is evident, and intersecting one of their lines of comminution. Presented by Dr. Bevan. | ,, |
| 561 | [R.C.S.I., xvi.]—*Colles' Fracture.*—In this specimen there exists an exceptional variety of fracture of the articular surface of the radius, the fracture being incomplete; the styloid process of the ulna is detached and remains connected by ligamentous union. Presented by Dr. Bevan. | ,, |
| 562 | [R.C.S.I., xvii.]—*Fracture of pelvis with ankylosis of the thigh-bone.*—One extensive plane of fracture appears to have been in a direction from a little below the inferior anterior spine of the ilium to the great sciatic notch, and outwards through the acetabulum. A second reaches from the acetabulum and crosses the obturator foramen, through a point near the junction of the descending rami of the pubis and ischium. Above, a large vacuity exists in this plane. The ankylosis of the head of the femur to the acetabulum is dense and most complete, for more than four-fifths of the circumference of the latter. The thigh-bone is thereby fixed, with some inversion and with great adduction.<br>*History.*—The specimen was picked up in the vaults of the dissecting room of this college. | ,, |
| 563 | [R.C.S.I., xviii. and xix.]—*Fracture of patella, united by bone.*—The principal line of fracture extends transversely across the middle of the bone; osseous ankylosis at the extremitios of the line is complete, but not in the centre. A second transverse line of fracture reaches across the bone a little below the above; and there is a further evidence of comminution.<br>When removed from the subject, the joint was in a healthy state, nothing but a slightly rough indentation remaining in the cartilage to show from within the seat of injury. Presented by Professor Kirby. | ,, |

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| 564 | [R.C.S.I., xx.]—*Comminuted fracture of the astragalus.*—The principal line of fracture extends vertically through the bone in the plane of the groove for the interosseus ligament, and from this, posteriorly, vertical lines proceed in a transverse direction. The bone is thus broken into fragments.<br>*History.*—A lady aged forty-three, had been violently thrown from a car on to her feet. The foot was then found to be slightly inverted and extended; a rounded prominence, over which the integument was tightly stretched, presented itself anteriorly and internally to the external malleolus. Fracture and dislocation of the head of the astragalus was diagnosed, the joint was opened and the fragments, seven in all, removed. Recovery and perfect use of the joint ensued, with comparatively little shortening of the limb. Presented by Dr. Hadden.<br>(*Medical Press and Circular*, March 1, 1865.) | A |
| 565 | [R.C.S.I., xxi.]—*Dislocation of the fifth cervical vertebra without fracture.*—The luxation has occurred between the fifth and sixth cervical vertebræ, the fifth being moved forwards about 1 c.m., the invertebral substance being ruptured and having the anterior superior border of the sixth body of the impacted in its centre, and in contact with the inferior surface of the fifth body. There is complete luxation, without fracture, of the inferior articular process of the fifth, on the right side, and an incomplete one on the left—the result being a slight twist of the head and neck to the left. The anterior and posterior common ligaments are stretched but not ruptured.<br>*History.*—From a lad, *æt.* 18, who had fallen while skating. He was insensible for half an hour, and then seemed well, but with a "stiff-neck" for a fortnight afterwards. Five weeks subsequently he presented himself at St. Vincent's Hospital, Dublin, complaining of pain in the neck and arms and paralysis of the latter, and walking with head thrown back, shoulders drawn up, and the muscles of the neck rigid. The symptoms of injury to the cord rapidly grew worse—paralysis, pain, bed-sores, &c., and he died eleven weeks after the injury.—Presented by Professor Mapother. (Transactions Surg. Soc., Ireland, March 12th, 1880. | „ |
| 566 | [R.C.S.I. xxii.]—*Hey's Dislocation of the Thumb.*—This is the specimen figured in Mr. Robert Adam's paper in Todd's "Enyclopedia of Anatomy and Physiology." The first phalanx of the thumb is drawn up on the dorsum of the metacarpal bone with which it forms a right angle.—Presented by Dr. Bevan. | B |
| 567 | [R.C.S.I., xxiii.]—*Supra-pubic dislocation of the femur.*—The head of the bone lies in the pelvic cavity, the neck resting on the pubis. The anterior border of the acetabulum has been torn off, its attachment to the *ligamentum teres* remaining. The limb occupied a position of abduction with some eversion.<br>*History.*—A man in a state of intoxication fell off a waggon and was run over by one of the wheels. The dislocation was reduced by Mr. Stokes, the man being under the influence of ether. He shortly died, however, and at the *post-mortem* his kidneys and | „ |

| No. | Description. | Serie |
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| | other viscera were found much diseased.—Presented by Professor Stokes. | B |
| 568 | [R.C.S.I., xxiv.]—*Excision of wrist joint.*—The bones, removed by Mr Barton, occupied a space six centimetres in length, and consisted of portions of the radius and ulna, the whole of the first row of the carpus and portions of the bones of the second row. The excision was effected through two lateral incisions, the cut surfaces of the bones were approximated, but not brought into contact, and the limb dressed antiseptically.<br>Six months after the operation, movements of pronation and supination, adduction and abduction of the hand were present, together with considerable power of movement in the fingers, and the patient, a boy, aged 15, was able to write distinctly. Presented by Mr. Barton.<br>(*Vide* "Trans. Surg. Soc. Ireland," Dec. 10, 1880.) | A |
| 569 | [R.C.S.I., xxv.]—Cast of hand two months after excision of wrist of above case. | ,, |
| 570 | [R.C.S.I. xxvi.]—Cast of hand of above case six months after operation, with sample of the patient's writing. | ,, |
| 571 | [R.C.S.I. xxvii.]—*Excision of Hip-joint, with fibrous repair.*—The parts about the new joint are perfectly healthy.<br>*History.*—Jabez Elliot when 5 years of age, had left hip-joint excised for advanced hip-disease, in the Adelaide Hospital, by Mr. Barton. He recovered, and was able to go to school, walking half a mile or more daily, until, when 9 years of age, he caught a severe cold, became dropsical and died—4 years after the operation. Presented by Mr. Barton. | ,, |
| 572 | [R.C.S.I. xxviii.]—*Exfoliation of part of the cranial vault as result of a burn.*—The piece of the cranium which has come away measures some 17 centimetres by 11 centimetres, and is made up of a large proportion of the frontal and of the two parietal bones. The line of desquamation has been very oblique so that the specimen presents far less of the inner tables of the skull.<br>*History.*—The subject was an old woman who was severely burnt on the head. After some time the bone and scalp came away. She was living some years after the injury. Presented by Dr. B. Wills Richardson. | C |
| 573 | [R.C.S.I., xxix.]—*Growths of different kinds from the lower end of the femur.*—The longitudinal section through the knee-joint shows that a sarcomatous tumour has grown backwards and downwards from the lower end of the femur—its nature being of the large spindle-celled variety; also that an osseous growth quite separate from the above, has filled up the joint, following the synovial membrane, separating the articular surfaces of the femur and tibia, and apparently growing from the lower end of the femur. A microscopical section shows it to be an ossified enchondroma. The encroachment of the sarcoma into the bone is well seen. Although there is so much separation of the condyles of the femur from the tibial articular surface, there was no lengthening of the limb. An additional fatty tumour occupied a position in front of the lower third of the tibia. | ,, |

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| | *History.*—The patient, a woman, aged thirty, had suffered from a swollen and stiff knee for fourteen years, beginning as a slowly growing swelling on the internal condyle of the femur; a year before that trouble commenced, the small fatty tumour appeared on the leg, growing to its full size in about a month. After a period of ten years, the sarcomatous tumour appeared at the back of the joint, growing slowly for three years, then rapidly, with accompaniment of severe pain. By this time symptoms of pulmonary phthisis were well marked, and exacerbations of these alternated with periods of rapid increase of the popliteal growth. Amputation was performed by Mr. Smyly, and the girl died five weeks afterwards from the chest complaint. Presented by Mr. Smyly. (*Vide* "Trans. Path. Soc. Dub.," March 19, 1881.) | C |
| 574 | [R.C.S.I., xxx.]—*Skin-covered tumour from the pharynx.*—The substance of the growth is principally of adipose tissue, with a central nodule of cartilage. The covering is of the normal cutaneous tissues, with well-developed hairs, sebaceous and sudoriparous glands. It was growing from the margin of the left Eustachian tube, and hung down from the back of the pharynx; where it had not occasioned inconvenience until lately, when an increase of size occurred. It was removed by Mr. Barton, with the help of scissors, an attempt with the ecraseur having proved unsatisfactory on account of the toughness of the covering. The patient, a young woman aged twenty-two, remembered the tumour from her earliest childhood. Six months after the removal of the tumour, a few patches of similar-looking skin tissue were to be seen on the pharynx. Presented by Mr. Barton, (*Vide* Journ., Anat., and Phys., January 1881.) | Q |
| 575 | [R.C.S.I., xxxi.]—*Large blood clots passed spontaneously per uethra.*—A drover in India received a severe blow in the region of the kidney, from the horn of a bullock. He was picked up collapsed, and after the symptoms of severe kidney mischief—renal colic, &c., had subsided, the pieces came away spontaneously through the urethra. The native medical men considered the pieces to be portions of the man's kidney, which they supposed had been broken up. Presented by Surgeon-Major T. Ffrench-Mullen. (*Vide* Trans. Path. Soc. Dub., March 12, 1881.) | N |
| 576 | *Carcinoma of bladder and prostate.*—Presented by Mr. Barton. | O |
| 577 | *Arrest of development of one of twins.*—The Coombe Collection. | P |
| 578 | *Spontaneous amputation of foot, in utero.*—The Coombe Collection. | ,, |
| 579 | *Cranium of a Cabenda negro, remarkably orthognathous.*—The craniometric details are:—C. 512, L. 188, B. 129, Bi. 686, H. 127, Hi. 676, BN. 97, BA. 92 (?), Ai. 948 (?), Nh. 47, Nw. 28, Ni. 596, Ow. 38, Oh. 33, Oi. 868, Ca. 1325.—Presented by Mr. Allan. | U |
| 580 | *Cranium of a Cabenda negro, remarkably orthognathous.*—The measurements and indices are:—C. 498, L. 178, B. 124, | ,, |

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| No. | Description. | Series. |
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| 588 | [R.C.S.I., xl.]—*End of tibia and two bones of tarsus with commencing caries, from a case of anæsthetic leprosy.*—Presented by J. D. Hillis, Esq. | U |
| 589 | [R.C.S.I., xli.]—*Atrophied testis, from a case of anæsthetic leprosy.*—The patient had been diseased five years. | ,, |
| 590 | [R.C.S.I., xlii.]—*Peroneal nerve (part of) from a case of anæsthetic leprosy.*—Showing its enlargement and adhesion of sheath. | ,, |
| 591 | [R.C.S.I., xliii.]—*Second phalanx of middle finger of an anæsthetic leper.*—It came away after poulticing a whitlow-like swelling. The patient was five years diseased. | ,, |
| 592 | [R.C.S.I., xliv.]—*Sequestrum, from fourth toe of an anæsthetic leper.*—Twelve years diseased. | ,, |
| 593 | [R.C.S.I., xlv.—*Sequestrum, from toe of an anæsthetic leper* who had been diseased fourteen years. | ,, |
| 594 | [R.C.S.I., xlvi.]—*Prepuce of a negro, with leprous "tubercle."*—The patient suffered from "mixed leprosy," and had been diseased fourteen years. | ,, |
| 595 | [R.C.S.I., xlvii.]—*Leprous "tubercle."*—From the face of a patient diseased nine years. The growth has ulcerated in the centre. | ,, |
| | *Specimens exhibited by* Dr. Capart, Brussels. | |
| 596 | A collection of polypi of the nose, and of the nasopharyngeal space, removed with galvano-caustic wire ecraseur, since September, 1879, by Dr. Capart, Brussels. | ,, |
| | *Photographs and Drawings exhibited by* Mr. Walter Whitehead. | |
| 597 | An example of congenital macroglossia, associated with cystic lymphangiomata on each side of the neck.<br>The patient, a female, was admitted into the Manchester Royal Infirmary when five days old, on February 19th, 1881, and died of inanition on March 27, 1881.<br>The photograph was taken shortly after admission and the sketch previous to death. The pathological drawing was executed by Mr. Sidney Young, from a dissection made by him immediately after death. | Z |
| | *Specimen, exhibited by* Dr. Ogilvie Will. | |
| 598 | Fracture of right condyle of inferior maxillary bone. Patient died in the Aberdeen Royal Infirmary, from the effects of fractured pelvis, on the twelfth day after injury. The cause of both fractures was the fall of a wall near which the man was working. | A |
| | *Specimens from St. Mary's Hospital Museum, per* Dr. G. C. Henderson. | |
| 599 | 1.—Dorsal dislocation of humerus.<br>An old dislocation backwards of the head of the humerus, with the formation of a new glenoid cavity on the posterior aspect of | B |

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| | the neck of the scapula from the throwing out of a large quantity of new bone. (Obtained from the Grosvenor Place Museum). | B |
| 600 | 2.—Exostosis of scapula } From a case of Mr. E. Owen's; | C |
| 601 | 3.—Exostosis of tibia } the growths were hereditary. | ,, |
| 602 | 4.—Multiple exostoses; photograph of a living patient. | ,, |
| 603 | 5.—Carcinoma of orbit. | ,, |
| | Head of an infant with a fungating carcinomatous tumour, the size of a large orange, growing from the orbit. It was developed in utero. | |
| 604 | 6.—Encysted "Infantile" hernia. | H |
| | From a case operated on by Mr. E. Owen. The gut was reduced, but the patient died on the eighth day from pneumonia. | |
| 605 | 7.—Unilocular cyst of the kidney (dried). | N |
| | The gland has become almost entirely converted into one enormous cyst, with numerous partial dissepiments. It was found distended with purulent urine, which could not escape in consequence of a valvular arrangement produced by the bending of the ureter upon the infundibula. | |
| 606 | 8.—Uric acid calculus from the bladder of an infant. (From the North collection). | O |
| 607 | 9.—Bladder with enlarged prostate. | O |
| | The bladder is hypertrophied and the mucous membrane sacculated. The middle lobe of the prostate has been "tunnelled, and there is a false passage almost opposite the bulb. | |
| | *A Selection from the Models by the late Mr. Joseph Towne, in the Museum of Guy's Hospital.* | |
| 608 | 117.—Gummous ulceration of the skin. Model of the left shoulder and upper limb of a woman, which are covered with tumours. Many of them ulcerating at their summits. | W |
| | No history is preserved of this case. | |
| 609 | 46.—Roseola cholerica. A model representing the outer and back part of the left arm and forearm, over which the eruption is scattered. | ,, |
| | From a young woman in whom a roseolous rash appeared during convalescence from cholera. | |
| 610 | 52.—Glanders. Model of the right side of face, neck, and chest, from a man aged twenty-three, under the care of Mr. Birkett. | ,, |
| 611 | 53.—Glanders. Model of the head, neck, and chest of a young man affected with glanders in an early stage. | ,, |
| 612 | 54.—Glanders. Model of the right upper limb from the same case. | ,, |
| 613 | 56.—Glanders. Model of the left upper limb of a man, aged fifty, affected with jaundice. | ,, |
| 614 | 154.—Urticaria. Model representing the eruption on the right limb and buttock. | ,, |
| 615 | 174.—Hydroa. In this model the affection is shown as it appeared on the third day. | ,, |
| 616 | 175.—Hydroa. Model of the same parts two days later. | ,, |
| 617 | 200.—Pemphigus. Model of the back of the right hand of | ,, |

| No. | Description. | Series. |
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| | a man, presenting several isolated bullæ, all of which are dark coloured, from the bloody nature of their contents. Several of them have burst, and the surface so exposed is superficially ulcerated. | W |
| 618 | 205.—Pemphigus Foliaceus. Model of the face of a woman, aged forty-three affected with this form of pemphigus. The patient was at one time under the care of Mr. Hutchinson, and subsequently under Dr. Wilks. | ,, |
| 619 | 247.—Psoriasis complicated with eczema. The parts represented are the right side of the head and neck, a large surface of which, including the ear, is red, moist, and oozing. On the scalp are thick yellow masses, matting the hairs together. | ,, |
| 620 | 315.—Ichthyosis. Model of the outer side of the right thigh and knee of a girl affected with this disease. From a child aged twelve, whose sister, aged seven, was in the hospital, affected in exactly the same way. | ,, |
| 621 | 321.—Ichthyosis; Impetigo. Model of the left forearm and back of the hand from a case of ichthyosis complicated with an impetiginous eruption. The limb is stunted and the nails are small. | ,, |
| 622 | 327.—Pityriasis pilaris. Model of the back of the left forearm and hand. Corresponding with the mouths of all the hair follicles there are greyish-white horny elevations. | ,, |
| 623 | 341.—Linear atrophy of the skin. A model of the left knee of a girl, on which several atrophic lines are visible. | ,, |
| 624 | 358.—Addison's disease—model of the bust of a boy aged thirteen. The supra renal capsules are shewn, 2020[68]. | ,, |
| 625 | 359.—Addison's disease—model of the right hand and forearm of the same patient. | ,, |
| 626 | 385.—Lupus erythematosus. | ,, |
| 627 | 391.—Lupus vulgaris—model of the face of a patient presenting two patchs of the disease. | ,, |
| 628 | 400.—Lupus. Model of the left forearm and hand of a man affected with a remarkable disease which appears to be lupus, but which would hardly be recognized as such had it not been that the patient had well marked lupus of the face. From a man aged sixty-seven under Mr. Durham. | ,, |
| 629 | 412.—Circumscribed scleroderma (keloid of Addison)—model of the inner side of the popliteal space. | ,, |
| 630 | 419.—Morphœa. Model of a patient's face which presents a patch of a yellowish white colour extending upwards over the left side of the forehead. | ,, |
| 631 | 420.—Morphœa. Model representing the face of the same patient three years later. The appearances of the disease having greatly changed. | ,, |
| 632 | 421.—Morphœa. Model of the face of a child, aged eight. | ,, |
| 633 | 429.—Lepra tuberculosa et anæsthetica. Model of a face bloated and disfigured by thickening of the integument. | ,, |
| 634 | 430.—Lepra tuberculosa et anæsthetica. Models of the right fore-arm and hand of the same patient. | ,, |
| 635 | 431.—Lepra tuberculosa—a model of the left foot of the same patient. | ,, |
| 636 | 444.—Lepra anæsthetica—a model of the palm of the left | ,, |

| No. | Description. | Series. |
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| | hand of a man aged twenty-four, a government clerk in Trinidad, who had had symptoms since he was thirteen. | W |
| 637 | 460.—Keloid. Model of the left shoulder and back of a young woman, with two raised, red, shining tumours. From a girl aged sixteen. The disease came after boils. | ,, |
| 638 | 473.—Circumscribed gangrene of the skin. | ,, |
| 639 | 474.—Circumscribed gangrene of the skin. Model of the same part taken a fortnight later. | ,, |
| 640 | 497.—Molluscum fibrosum. Model of the right side of the chest of a man which is thickly covered with molluscous tumours. From a man aged twenty-seven under Dr. Hilton Fagge. | ,, |
| | *By* Walter H. Coffin. | |
| 641 | Models, showing results of treating irregularities and deformities of the teeth and jaws by the method of expansion, illustrating a paper presented to section 12, on "a generalized treatment of irregularities." | ,, |
| 642 | *Calculi exhibited by* Dr. Alex. Patterson, Glasgow. | ,, |
| | 1.—Two small uric and calculi removed by cutting into the kidney. Patient made a very good recovery.—"Glasgow | N |
| 643 | Medical Journal," July, 1879. | |
| | 2.—Four biliary calculi. The triangular stones came by the ordinary channel, the other two came out at the umbilicus. | H |
| | *Calculus exhibited by* Mr. Keetley, Grimsby. | |
| 644 | Vesical calculus removed by lateral lithotomy from a boy aged twelve years in October, 1880. It weighed two ounces. | ,, |
| | *Exhibited by* Mr H. G. Croly, Dublin. | |
| 645 | 1.—Thirty-three phosphatic calculi, removed by lateral lithotomy, in one sitting, from the bladder of a man aged fifty-five years. The operation occupied 15 minutes. The stones weigh together, 4 oz. | O |
| 646 | 2.—Photograph of the man after recovery. | ,, |
| | *Calculi, exhibited by* Mr. W. S. Coulson. | |
| 647 | 1.—F. M., aged twenty-eight; operation, Oct. 1, 1879; duration of operation, 24 minutes; weight of calculus, 35 grains; result, cured. | ,, |
| 648 | 2.—F. A., aged fifty-four: operation, Oct. 13, 1879; weight of calculus, 130 grains; result, cured. | ,, |
| 649 | 3.—T. B., aged seventy-five; operation, Oct. 15, 1879; duration of operation, 42 minutes; weight of calculus, 195 grains; result, cured. | ,, |
| 650 | 4.—E. S., aged fifty-nine; operation, Feb. 19, 1880; duration of operation, 24 minutes; weight of calculus, 70 grains; result, cured. | ,, |
| 651 | 5.—J. W. L., aged seventy-one; operation, April 4, 1880; duration of operation (1st), 47 minutes; (2nd), 26 minutes; (3rd), 55 minutes; result, died. | ,, |
| 652 | 6.—M. O., aged fifty-four; operation, April 7, 1880; duration of operation, 39 minutes; weight of calculus, 100 grains; result, cured. | ,, |

| No. | Description. | Series. |
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| 653 | 7.—C. C., aged sixty; date of operation, August 20, 1880; duration of operation, 14 minutes; weight of calculus, 60 grains. | O |
| 654 | 8.—M., aged seventy-four; date of operation, September 4, 1880; duration of operation, 30 minutes; weight of calculus, 80 grains. Result, cured. | ,, |
| 655 | 9.—C. E., aged sixty-nine; date of operation, September 3, 1880; duration of operation, 10 minutes; weight of calculus, 50 grains. | ,, |
| 656 | 10.—B., aged fifty-five; date of operation, Oct. 19, 1880; duration of operation, 20 minutes; weight of calculus, 116½ grains; result, cured. | ,, |
| 657 | 11.—J. H., aged fifty-four; date of operation, Oct. 22, 1880; duration of operation, 10 minutes; weight of calculus, 60 grains; result, cured. | ,, |
| 658 | 12.—F., aged sixty-eight; date of operation, Nov. 11, 1880; duration of operation, 2 hours, 5 minutes; weight of calculus, 500 grains; result, cured. | ,, |
| 659 | 13.—B., aged seventy-seven; date of operation, November 23, 1880; duration of operation 35 minutes; weight of calculus, 198 grains; result, cured. | ,, |
| 660 | 14.—A. P., aged thirty-two; date of operation, November 14, 1880; duration of operation, 3 hours 10 minutes; weight of calculus, 3 oz., 7 drs., 30 grains; result, cured. | ,, |
| 661 | 15.—C. W. B., aged sixty-five; date of operation, December 8, 1880; weight of calculus 146 grains; result, cured. | ,, |
| 662 | 16.—S. B., aged fifty-four; date of operation, December 8, 1880; duration of operation, 40 minutes; weight of calculus, 125 grains; result, cured. | ,, |
| 663 | 17.—G. B., aged fifty-nine; date of operation, April 2, 1881; duration of operation, 20 minutes; weight of calculus, 100 grains; result, cured. | ,, |
| 664 | W. G., aged seventy; date of operation, May 11, 1881; duration of operation, 35 minutes; weight of calculus, 240 grains; result, cured. | ,, |
| | *Specimen exhibited by* Mr. James Shuter. | |
| 665 | Breast of woman, aged fifty-five years, removed on account of malignant disease, following a blow, and accompanied by ulceration and retraction of the nipple.<br>Above, is a mass of similarly diseased glands from the axilla of same patient. | Q |
| | *Photographs exhibited by* Mr. James Shuter. | |
| 666 | Two photographs of the legs of a girl, aged seventeen years, before and after operation. Patient previously almost helpless, now walks well, and was lengthened 2¼ inches by the operation, viz., sawing off the inner condyles. | Z |
| | *Specimen and Cast exhibited by* Mr. Wm. Thomson, *Dnblin.* | B |
| 667 | Specimen and cast of Dupuytren's fracture of the fibula; | |

| No. | Description. | Series |
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| | or dislocation of the foot outwards and upwards. In his chapter on fracture of the fibula, Dupuytren refers to the injury as one of the complications of fracture of that bone, and describes it as a dislocation of the foot outwards and upwards. "This form of displacement," he observes, "is so rare that I have only seen it once in nearly two hundred cases of fractured fibula which have fallen under my observation during the last fifteen years. It involves not only fracture of the fibula, but also laceration of the strong tibio-peroneal ligaments, which generally resist a force to which the osseous tissue itself yields."<br>The specimen here shown was taken from an old woman, two years after the original injury. A specimen similar to this exists in St. Thomas's Hospital Museum, and is figured in Sir Astley Cooper's work. Another was obtained by M. Richet, and is figured in Anger's "Maladies Chirurgicales," page 311. Vide *British Medical Journal*, June 19, 1880. | B |
| 668 | By Mr. Wm. Stokes, Dublin. | |
| | Two portraits from a case in which gangrene of large patches of skin occurred a few days after vaccination. The vaccination sores themselves were not affected. The child recovered. | Z |
| 669 | *From the Museum of the* Leeds Infirmary. | |
| | 1.—A set of drawings, showing complete bony union of an intra-capsular fracture of neck of femur.<br>2.—Drawings showing detachment of the lower epiphysis of the femur, with displacement of the lower end of the shaft of the femur into the popliteal space, pressing on the vessels and nerves. There is extensive detachment of the periosteum. The specimen was obtained by Mr. Wheelhouse, of Leeds. | ,, |
| 670 | *Exhibited by* Dr. Roddick, Montreal. | |
| | 1.—Drawing of a skull, showing the aperture through which an occipital encephalocele had passed.<br>2.—Portrait of a boy, the subject of very severe favus, covering the scalp, trunk, and limbs. | ,, |
| 671 | *Exhibited by* Mr. Frederick Mackenzie. | ,, |
| | 1.—Portrait of a Hindoo, showing congenital unilateral white marks arranged in long curved lines, like those of herpes zoster.<br>2.—Large sarcomatous growth, springing from the frontal bone of a girl aged three years. Patient under the care of Mr. Curling, at the London Hospital.<br>3.—Sketch of the fundus oculi of a man aged twenty, who sustained a rupture of the choroid, between the disc and yellow spot, from a blow with a tennis-ball; taken three weeks after the accident. | |
| | *Exhibited by* Mr. Hutchinson.<br>*Series of Drawings illustrating Rodent Cancer.* | |
| 671a | 1.—Fungating rodent cancer. Patient a thin man, aged sixty-seven. There was never any gland disease. The edge | ,, |

| No. | Description. | Series. |
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| | was typical of rodent cancer. It was repeatedly destroyed with chloride of zinc, and the patient was thus kept fairly well. After the first application there was never any fungating growth. | Z |
| | 2.—Portrait of a case in which the deposit was unusually thick and soft. The tumour was quite movable on the parts beneath. It was freely excised, and a flap transplanted. The wound healed well, and there was no displacement of the lid. | |
| | 3.—Rodent cancer of the eyelids in an elderly man. | |
| | 5.—Rodent cancer of the orbit in a middle-aged woman. | |
| | 6.—*A peculiar form of rodent or epithelial cancer of the upper eyelid.* The disease differed from the usual form in its rapidity of growth and extreme hardness. It recurred symmetrically after an interval of two years, the right eyelid having been excised with transplantation of skin, and remaining quite well. | |
| | 7.—Rodent cancer on the side of the nose. | |
| | 8.—Rodent cancer of the eyelids and adjacent parts. It had existed for twenty years, but there was no gland disease. The patient was a man aged fifty-four. | |
| | The eyeball was destroyed, and the shrivelled globe is seen in the middle of the ulcer. | |
| | No. 9.—Rodent cancer of the front of the ear, destroying the tragus and part of the cheek. | |
| | 10.—Rodent cancer of the nose from an elderly man. | |
| | 11.—A drawing showing rodent ulcer in its most superficial form. An extensive ulcer, with a characteristic edge, on the eyelids, forehead, and temple of a woman aged thirty-nine. It had been spreading very slowly for seven years. | |
| | 12.—An engraving showing a yet more superficial form of rodent ulcer. | |
| | From the collection of Mr. Cæsar Hawkins. | |
| | No. 13.—Epithelial cancerous growth, involving ear and adjacent part of cheek. | |
| | 14.—Large fungating growth of epithelial cancer on the cheek of a middle-aged gentleman. It had developed in a congenital growth, which he described as a nævus, and was completely and permanently cured by chloride of zinc. | |
| | 15.—Epithelial cancer, commencing in the scar of lupus, on the upper lip of a woman aged fifty-one. The lupus had been present for many years, but the cancerous ulcer only a few months. The cancer was excised, and the wound healed, but subsequently a fresh growth of the same nature took place in another part. | |
| | *Drawings illustrating Tumours.* | |
| 672 | Scirrhus of the male mammary gland, from a man aged seventy-four. | ,, |
| 673 | Melanotic sarcoma, growing on the under surface of the heel, in a woman aged thirty. | ,, |
| 674 | Melanotic sarcoma of the great toe in an elderly woman.—See "Pathological Transactions," vol. viii. | ,, |
| | The glands in Scarpa's triangle were involved, and were removed, but the disease recurred. | |

| No. | Description. | Series. |
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| 675 | Melanotic sarcoma of the heel in a gentleman aged fifty. | Z |
| 676 | An isolated growth of melanotic sarcoma in the right ala nasi of a man aged sixty-eight. A section of the tumour after excision is also shown. The disease recurred. | ,, |
| 677 | Section of epithelial cancer of the glans penis. | ,, |
| 678 | Sarcomatous tumour of the scalp. The patient was a man about thirty-five. See "London Hospital Reports," Vol. ii. | ,, |
| 679 | Secondary growths of scirrhus in the skin of the thorax, five years after excision of the mammary gland. | ,, |
| 680 | Sarcomatous tumour growing in the cellular tissue of the fore-arm. "Fungus Hæmatodes" of the older writers. The patient was an elderly woman. *See* section of tumour in appended portrait. | ,, |
| 681 | Section of a thigh after amputation, showing a large tumour springing from the bone. Section of the tumour was white and homogeneous. It was reported on by Mr. Henry Arnott, at the Pathological Society, as a small, round-celled sarcoma. The patient was twenty-six years of age. | ,, |
| 682 | *Series of Drawings illustrating Lupus of the Mucous Membrane.*<br>1.—Lupus of the gums, from a young woman aged nineteen, whose palate and cheek were also affected.<br>2.—Lupus of the conjunctiva, from the same patient. It recurred after repeated cauterizations, but was finally cured.<br>3.—Lupus of gums, palate, &c. In 1865, Mr. Hutchinson applied the actual cautery to the parts shown with great benefit. In 1872, the patient came again to the hospital; her palate was then well; but not her face. | ,, |
| 682a | *Series Illustrating other rare forms of Lupus.*<br>4.—Lupus erythematosus. The hands of a young lad, who was the subject of this disease on the face also.<br>5.—Common lupus, in many patches (multiple lupus), on the face, chest, and arm of a young girl, who was the subject of carious disease of the spine.<br>6 and 7.—Three portraits, illustrating acne-lupus on the nose, cheeks, ear, and arm. On the face, the eruption might easily be taken for acne, consisting of small, scattered tubercles. On careful examination, however, it was evident that these were really lupus; and inspection of the ear and arm left no doubt as to the diagnosis.<br>8.—A hand deformed by eczema lupus and interstitial absorption of bone.<br>9.—Lupus erythematosus on the nose and cheeks of a young man.<br>11.—Portrait of a girl, showing a peculiar form of lupus-like ulceration on the forehead, chin, and neck. The history clearly established that she was the subject of inherited syphilis. See "Ophthal. Hosp. Reports," vol. vii., p. 46.<br>12.—Lupus affecting the scar of vaccination.<br>13 and 13*a*.—Lupus marginatus.—Portrait of a young boy, shewing numerous irregularly placed patches of an extremely | ,, |

| No. | Description. | Series. |
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| | superficial lupus on the face. The patches spread by a border of minute dimples. Wherever the disease had passed scar was left. There was no erythema, nor were the patches arranged in the least like lupus erythematous.<br>Portrait of the arm of the same boy, showing a long streak of patches of a similar character, but assuming somewhat different appearances on the hand.<br>14.—"Single patch" lupus of the cheek. It had been present for several years, but had not ulcerated in the slightest.<br>15.—Lupus lymphaticus.—Portrait shewing a very peculiar persistent eruption on the shoulder of a boy. It consisted of confluent patches of minute vesicles (lymph ?). Many of these were ecchymosed. It was placed exactly where his brace had rubbed the shoulder. It spread very slowly, and remained several years with exceedingly little change.<br>16.—Portrait of the chin of another boy, showing a precisely similar eruption. The rate of progress was in this case also extremely slow. The living patients, from whom these drawings were taken will probably be shown. | Z |
| | *Congenital Affections of the Skin.* | |
| 683 | Nævus of cheek.—The scar below the inner canthus was due to spontaneous ulceration. Two attempts at injection with perchloride of iron had been made without success. | " |
| 684 | Two drawings (taken before and after treatment), showing the results of repeated applications of the actual cautery in a case of nævus of the eyelids and cheek. | " |
| 685 | The face and left shoulder of a girl, thickly speckled over with small moles of a chocolate-brown tint. The spots had been present from birth. | " |
| 686 | Two portraits giving the front and back view of the trunk of a girl aged twelve. Pigmented patches, arranged irregularly in broad streaks, extend from the middle of the spine to the middle line in front on the left side. They are strictly limited to this side, and their arrangement somewhat resembles that of herpes zoster. See Mr. Mackenzie's portrait (No. ). | " |
| 687 | Portrait of the two arms of a man, aged thirty-six, covered with patches, which are arranged almost symmetrically, and look like those of an erythematous eruption. They were really purple nævi, and had been present from early childhood, if not from birth. | " |
| 688 | "Cock's-comb Mole," or "Turkey Wattle." It grew above the ear of an infant, consisted of fleshy hypertrophy of skin, arranged in folds not unlike brain-convolutions, with deep sulci between them. It was not in the least nævoid. | " |
| 689 | "Cock's-comb Mole," or "Turkey Wattle." A congenital growth on the back of a young girl. It was more than half an inch thick, and somewhat pedunculated. Of the same nature as the last specimen. | " |
| | *Series illustrating rare forms of Herpes.* | |
| 690 | Herpes zoster, on the side of the chest of a boy who had suffered from the same disease six or seven years before. The | " |

| No. | Description. | Series. |
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| | scars of a former attack are still plainly visible under the groups of recent vesicles. | Z |
| 691 | Herpes zoster, affecting the forehead and cheek, the first and second divisions of the fifth; patient an elderly man. | ,, |
| 692 | Herpes zoster frontalis, affecting the forehead and nose of a child; greater part of the first division of the fifth. | ,, |
| 693 | Gangrenous herpes zoster on the back of an old man. | ,, |
| | *Miscellaneous.* | |
| 694 | Portraits of face and knee of a boy, showing very great discoloration of the skin in connection with disease of the suprarenal capsules. The portraits were taken after death. The case is published in the "Pathological Transactions," vol. ix., and referred to, by Dr. Greenhow. (No. 105). | ,, |
| 695 | Diffuse Morphœa.—The patient was a woman, in whom the whole skin was in a more or less advanced condition of scleriosis, (disease of vaso-motor filaments, and secondary changes in the skin, &c.) The sketch shews mottled pallor of the fingers, wasting of their tips, and atrophy of the nails. | ,, |
| 696 | Portrait of the spleen, and of a mass of cervical glands, from a case of Hodgkin's disease. | ,, |
| 697 | Photograph shewing leucoderma on the face of a brunette, whose chin, nose, and forehead, had become perfectly white; whilst the cheeks were brown. | ,, |
| 698 | Photographs (back and front) of a piebald or (?) leucodermic condition in a mulatto. Two photographs of a man the subject of leucoderma. They show well the symmetrical arrangement of the patches. He was a native of Sweden, with rather dark had complexion, but lived in India. | ,, |
| 699 | Medullary cancer of the left testis from a boy aged two years. The disease had commenced at the age of one year and five months. Two paternal aunts have died of cancer of the heart. | ,, |
| 700 | Photograph of a patient, the subject of severe tubercular leprosy. The woman was born in Ireland, and was of Irish parentage, but had lived many years in India, where she became the subject of the disease. | ,, |
| 701 | Portrait of the knee of a patient, the subject of leprosy (the mixed form). On the face there were tubercles, but on the limbs only anæsthetic patches. He was a Scotchman, of Scotch parentage, but had for many years stayed in Barbadoes. | ,, |
| 702 | Portrait showing "port-wine stain" of the face, which had been partially cured by the repeated use of the actual cautery. | ,, |
| 703 | Portrait of syphilitic gummata of the liver. | ,, |
| 704 | The testis from a boy, aged 14, the subject of congenital syphilis; he had characteristic teeth. It is the seat of a large gumma. | ,, |
| 705 | The liver from a case of congenital syphilis, showing a puckered scar. The testis of the same patient is shown in the next sketch. | ,, |
| 706 | Portrait showing ulceration of the little finger, consequent upon division of the ulnar nerve above the wrist. | ,, |
| 707 | Portrait of a lad, named Penn, who was the subject of a peculiar form of an erythematous and pruriginous eruption. It | ,, |

| No. | Description. | Series. |
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| | affected the face as well as the arms and trunk, and was worse in hot weather. After lasting for many years, it left him about the age of 22. It had begun in infancy. His skin was speckled all over with minute white scars. | Z |
| 709 | Case of erythema multiforme, which had recurred many times during fifteen years, and which on some parts developed vesications. | ,, |
| 710 | Portrait of hand from same patient. | ,, |
| 711 | Two portraits representing an unnamed form of skin disease, which occurred in an infant a few weeks after birth, and was supposed to be due to accidental exposure to severe cold. The portraits were taken at the age of seven months. There had been universal dermatitis, which had left the skin marbled over by discolorations which were possibly very superficial scars. The infant lost one eye by effusion between choroid and retina. Its dentition was delayed and imperfect, as also was its mental development. | ,, |
| 712 | Section of the udder of an ewe, showing acute inflammation of one mammary gland, with enormous swelling and great vascularity, but only very slight tendency to the formation of pus. | ,, |
| 713 | A large left kidney, from a patient in whom the opposite organ was congenitally absent. The ureter is seen to be plugged by a calculus, about three inches from the pelvis of the organ. Death from suppression of urine occurred on the seventh day. | ,, |
| 714 | Portrait of an arm showing a pustular and ulcerating eruption (unnamed) which left scars. It had been present for many years, the patient being a young lad. There was a patch on the tip of one elbow, not unlike psoriasis. | ,, |
| 715 | Portrait of the face of the same patient, showing a similar eruption on the cheek and ear. The eruption had been present from early infancy, had been in the first instance considered as "red gum." He had suffered from chilblains, and his grandfather had suffered from psoriasis. | ,, |
| 716 | The effect of chrysophanic acid in psoriasis vulgaris.—The patient took arsenic internally, and the right side of his body was treated with chrysophanic acid ointment, the left with tar. The sketch shows the right arm quite cured, the left only partially so. | ,, |
| 717 | A spinal cord laid open from behind, showing the effects of a temporary contusion. There was no blood in the theca, nor did the surface of the cord show the slightest evidence of contusion. A patch of ecchymosed and softened structure is seen in its centre. The patient died two or three days after the injury, which was in the cervical region. A spinal cord, showing a similar condition to the above, with the addition that the ecchymosis and softening are much more extensive. The thecæ are much congested, but no blood was extravasated external to the cord itself. The man died on the third day after the accident. | ,, |
| 719 | The face of a boy, aged nineteen, showing large well-margined patches of erythema on the eye-lids, forehead, and cheeks. At the edges of the patches there were vesications. The eruption | ,, |

| No. | Description. | Series. |
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| | had been present only three days, and it disappeared quickly. A relapse subsequently occurred. | Z |
| 720 | Sketch showing the position assumed by the arms after dislocation of the vertebræ between the fifth and sixth cervical. The biceps and brachialis anticus were the only muscles not paralysed. | ,, |
| 721 | Sketch showing the deformity consequent upon a dislocation of the tibia forwards at the knee. | ,, |
| 722 | A sketch showing an intra-periosteal fracture of the tibia in a young subject, about an inch above the epiphyseal line, with vertical splitting of the lower fragment. | ,, |
| 723 | Sketch of the cervical vertebræ of a child whose neck was run over, and in whom the laceration of ligaments was so complete that the bones could with ease be moved backwards and forwards at the seat of injury, the head being quite loose. The vertebral arteries were not torn. | ,, |
| 724 | *From the Bethanian Hospital, at Berlin.*<br>COLLECTION OF THE LATE DR. WILMS.<br>Fracture of the sternum united by bone, with permanent displacement of the body of the bone backwards; a sketch.<br>Necrosis of the body of the scapula; large cloacæ are seen entering the case of new bone.<br>Three sketches, showing fractures in the upper part of the humerus.<br>Three drawings, showing close union of the transverse fracture of the patella. The union is not bony, but so close as to be equivalent to it. | ,, |
| | *From the Brighton Museum.* | |
| 725 | Sketch of the humerus of a turkey, showing a fusiform, ivory-like growth between the periosteum and the bone. The shaft of the bone itself has also assumed a similar structure. Obtained by the late Dr. Ormerod. | ,, |
| 726 | Portrait showing a large ivory exostosis of the orbit, which had undergone necrosis after an attempt at its removal. | ,, |
| 727 | Sketches of portions of the exostosis after extraction. | ,, |
| 728 | Portrait of a man showing symmetrical bulging of each side of the nose, produced by an ivory exostosis, probably from the ethmoid bone. | ,, |
| 729 | Sketch showing the ulna exposed and discoloured, in consequence of the ulceration of a periosteal gumma due to inherited syphilis. | ,, |
| 730 | A remarkable case of an eruption resembling herpes, which occurred repeatedly during many years, and which was frequently cured in the most definite manner by arsenic. The eruption left scars; it was extremely pruriginous. The patient was aged forty-four at the time the portrait was taken, and had suffered from it since the age of thirty-seven. | ,, |
| 731 | An example of a remarkably copious eruption of warts on the face of a young man. The warts were of the ordinary form, and occurred also on the arms; they had not been present long, and | |

| No. | Description. | Series. |
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| | shortly after the portrait was taken they disappeared almost spontaneously. | Z |
| 732 | *Congenital Deformities.*<br>1.—Sketch showing absence of all the four limbs in a young infant.<br>2.—Photograph showing a similar condition in an adult man.<br>3.—Portrait showing an exactly symmetrical condition of superfluous fingers attached by long slender pedicles to the ulnar side of the little finger of each hand.<br>4.—Portrait showing imperfect development of all the digits, with webbing of the fingers.<br>5.—Photograph of an infant, in whom in each hand the radius and thumb were deficient. | ,, |
| 733 | *Series illustrating Congenital Sacral Tumours.*<br>1.—Portrait of a child, aged four months, who was under Dr. Stephen Mackenzie's care at the London Hospital. A second portrait, seen from behind, shows the relation of the anus to the tumour.<br>2.—Portrait of the tumour after removal, showing the relation of the rectum and coccyx. A probe touches the coccyx, where it is imbedded in the tumour; and it will be seen that between this and the bowel a large ovoid mass bulges upwards, which was invested only by peritoneum. The tumour was possibly a development from Luschka's glands. It was lobulated, and contained many cysts. It had displaced the rectum downwards.<br>3.—In this sketch the same tumour is seen in section, and the relation of parts is easily recognized.<br>4.—A sketch from the collection of the late Mr. Partridge, showing a somewhat similar tumour. Front view of the same case.<br>5.—Copy of woodcut, showing a similar case.<br>6.—Pencil sketch, showing an enormous sacral tumour. From Mr. , of Clay Cross. | ,, |
| 734 | *Series illustrating Congenital Tumours.*<br>1.—Large congenital tumour, with nævus, in the cheek of a child aged six months. The mass in the cheek had no nævoid character, but there was a definite vascular nævus at the tip of the nose. The portrait was taken in order to shew a condition simulating ecchymosis, which occurred during an attack of inflammation of the tumour.<br>2.—A congenital cystic, fibrous, and cartilaginous tumour at the end of one finger.<br>3.—A congenital fibrous tumour at the end of one toe.<br>4.—A large fibro-cystic tumour on the side of the chest. After a few months, it inflamed, and then shrivelled. | ,, |
| 735 | *Series illustrating Morphœa affecting the face, Hemi-atrophy of Face, Scleroderma.*<br>1.—Portrait of Miss Nichols, showing a late stage of the affection, on the left side of the face. This patient was originally | ,, |

| No. | Description. | Series |
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| | under the care of Dr. Addison, at Guy's Hospital. She had morphœa of other parts, and the left leg had been so much disabled by it that it had been amputated.<br>2.—A portrait, copied from Brun's Atlas, showing hemiatrophy of the right side of the face (a late stage of Morphœa).<br>3.—Photographs of a German man, the subject of hemiatrophy of the face. | Z |
| 736 | *Other Forms of Morphœa.*<br>Patch of morphœa in the early, or lardaceous stage, on the left clavicular region of a young woman.<br>Patch of morphœa in the early stage ("ivory patch") in a young lady aged twenty.<br>Morphœa in the early (lardaceous) stage, in the lower eyelid of a boy aged five.<br>Portrait showing the two hands, from a case of diffuse morphœa, which affected most severely the face and upper extremities. The portrait shows disease of the nails, and ulceration, in many instances, of the finger-tips, sometimes of the last phalanx. It shows, also the pale, exsanguine condition of the fingers ("digiti mortui"). | ,, |
| 737 | *Series illustrating Varicella Gangrenosa and Vaccinia Gangrenosa.*<br>1. Scars left on the buttocks and thighs after gangrenous varicella. Mrs. S——'s infant, aged eight months.<br>2.—Portrait of a child, the subject of a severe form of varicella gangrenosa; front view.<br>3.—A back view of the same patient.<br>4.—Portrait showing front and back view of an infant who died on the twentieth day after vaccination (vaccinia gangrenosa). The eruption began to appear on the fifth day and on the eighth day was like small-pox. It subsequently developed into the condition shown in the portrait. Most of the patches presented circumscribed black sloughs.<br>5.—Portrait of a child, aged two years ten months, showing a copious eruption of large vesicles, many of which have ulcerated. It was suspected to be varicella.<br>6.—A portrait showing gangrenous patches in the skin of a child, exactly like those of varicella gangrenosa. From the Hospital for Sick Children, Great Ormond Street. | ,, |
| 738 | *Series Illustrating Eruptions due to Iodide and Bromide of Potassium.*<br>1.—Two portraits from the same case, showing the face and chest, and one lower extremity. The skin is covered with soft, tuberous masses of various sizes, many of them ulcerated. The patient, a man of middle age, had no eruption in the skin whatever, when he entered a hospital on account of a swelling in one iliac fossa. Iodide of potasssium was given in five grain doses, and an eruption began to appear. The eruption was diagnosed as syphilitic, and the dose of iodide was increased to ten, fifteen, and subsequently to twenty grains. It was continued for ten weeks, until the condition shown in the | ,, |

| No. | Description. | Series. |
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| | sketch was produced. The man left the hospital, and was admitted under my care at the London Hospital, where, after about two weeks, he died of exhaustion. The eruption during this time had not undergone any material change, although the iodide was, of course, suspended. There were no important visceral lesions, and the microscope did not assist the diagnosis. Those who doubt whether this could be an iodide of potassium disease, may be interested in comparing the tubers with those in the following portrait, in which the eruption was unquestionably due to bromide. | Z |
| | 2.—Portrait showing an unusual and very severe form of eruption, caused by bromide of potassium, in a young child. The eruption disappeared when the drug was suspended. | |
| | 3.—Portrait of the arm of the same patient, showing gangrene of the centre of one of the patches. | |
| | 4.—Portrait of a woman's face and hands, the subject of a severe ulcerating bulbous eruption, caused by taking iodide of potassium. | |
| | 5.—The face of a woman, showing a bulbous eruption, due to iodide of potassium. See other portrait of fore-arms. | |
| | 6.—A vesicular eruption on the face, due to iodide of potassium. See other portrait of the arm of the same patient. | |
| | 7.—Fore-arm and hand of a woman, covered with large vesicles and bullæ. The patient's face was also affected. The eruption was produced several times in the same patient by the administration of iodide of potassium (hydron of bazin). | |
| | 8.—The two hands and fore-arms of a young woman, covered with a bullous and superficially ulcerating eruption, which was believed to have been caused by iodide of potassium. | |
| | 9.—Portrait of the hand of a man, showing a copious vesicular eruption between the fingers (hydron of bazin). It occurred whilst he was taking the iodide of potassium, and subsided spontaneously. | |
| | 10.—Face of same patient (hydron of bazin). | |
| | 11.—Fore-arm of a man, aged fifty-four, covered with large vesicles. In this case, as in the preceding, the same eruption was produced repeatedly by iodide of potassium, and disappeared quickly when it was suspended (hydron of bazin). | |
| | *Photographs and specimen, exhibited by* Dr. Edwd. de Wahl, Dorpat, Russia. | |
| 739 | I.—Photographs. Nos. 1 to 10, lepra tuberosa. | ,, |
| | No. 10 shows a case of leprous eruption on the tongue. | |
| | 11-14.—Lepra anæsthetica. | |
| | 11 and 12 show a girl, ten years old, with anæsthetic spots on the back and mutilation of right thumb. | |
| | 13 and 14 show large white spots on the back, with a darker central spot, mutilation of fingers, and gangrenous spots on both buttocks from sitting. | |
| | 15-19.—Lepra tuberosa. | |
| | 19.—Mother, with a child two years old. The child has spots on the forehead indicating the commencement of lepra tuberosa. | |

| No. | Description. | Series |
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| 740 | II.—Case of fracture of the ethmoid bone, gun-shot wound of the skull. | A |
| 741 | IV.—Photographs of transverse sections of the neck of a human embryo, four months old, to show the topographical anatomy of the parts Nos. 1 to 7. No. 1 begins at the upper border of thyroid cartilage; and the case No. 7, is through the third or fouth tracheal ring. | Z |
| 742 | V.—The same sections prepared for demonstration with a magnifying glass. | ,, |
| 743 | VI.—Photographs of the sections. | ,, |
| | *From the Museum of Guy's Hospital.* | |
| 744 | 206.—Model of left lower limb of a child, showing vesicle and ulcers of rupia escharotica. | W |
| 745 | 207.—Model of the head and chest of the same child. | ,, |
| 746 | 208.—Model of the right lower limb of an infant, presenting bullæ and ulcers of rupia escharotica. | ,, |
| 747 | 209.—Model of the posterior surface of the right upper limb of an infant affected with rupia escharotica. | ,, |
| 748 | Models of the aorta and iliac arteries, upon which torsion has been performed, and the vessels subsequently injected with vermillion and wax. By Mr. Towne, from preparations made by Mr. Bryant. | ,, |
| 749 | $1514^{6}$.—Specimen of arteries, showing the effect of torsion. | M |
| | *Drawings by* Mr. Thomas Bryant. | |
| 750 | The behaviour of carbolised cat-gut ligature upon human arteries. | Z |
| | *Method of mounting, exhibited by* Peter Stevenson, Edinburgh. | |
| 751 | These glass jars show the way in which preparations in constant use by the student can be fixed to the wall or table, and yet turned in almost every direction for examination. | X |
| | *By* Professor Adam Politzer, Vienna. | |
| 752 | 1.—Twenty to thirty specimens of the human auditory organ relating to its topographical proportions, as well as a number of pathological preparations.<br>2.—Fifteen models of the principal diseases of the membrana tympani magnified and modelled in stearine.<br>3.—A large atlas with ten drawings of the auditory organ, for demonstration at lectures.<br>4.—Two albums containing a large number of illustrations of membrana tympani, drawn from nature, by Professor Politzer. | S |
| | *By* Professor Parrot, Paris. | C |
| 753 | Bones illustrating hereditary syphilis and rickets. | |
| | *Drawings exhibited by* Mr. Macdonald McHardy. | Z |
| | Twenty-one original water-colour drawings, nineteen by Mr. Boole and two by Mr. Burgess, selected from those which | |

| No. | Description. | Series. |
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| | are being used to illustrate the forthcoming edition of the late Soelberg Wells' Treatise on clinical ophthalmology. | Z |
| 754 | Frame A.<br>1.—Inverted image of left fundus oculi, showing an annulus of posterior staphyloma around the disc, and the effects of a recent linear rupture of the choroid in the region of the macula, in the highly myopic eye of a woman, aged thirty-three, who sought advice on account of a central scotoma, which had immediately followed a collision between the anterior portion of the eye and the end of a broom handle.<br>2.—An inverted image of the same fundus oculi as No. 1, as it appeared six weeks later.<br>3.—Erect image of left fundus oculi, showing an early condition of choroido-retinal change in a victim of inherited syphilis, aged thirteen years, who subsequently developed interstitial keratitis.<br>4.—Erect image of left fundus oculi, showing a late condition of choroido-retinal change in a victim of inherited syphilis, aged eighteen years, who had recently recovered from most severe interstitial keratitis.<br>5.—Inverted image of right fundus oculi, showing a coloboma of the choroid, which was accompanied by a corresponding deficiency of iris and was unilateral. From a patient of Mr. A. Critchett.<br>6.—Erect image of right fundus oculi, showing extensive central detachment of the retina.<br>7.—Inverted image of left fundus oculi from same patient as No. 6., showing posterior staphyloma in an eye myopic to fourteen dioptrics.<br>8.—A tumour of the iris, drawn under focal illumination, from a girl aged thirteen, whose case, furnishing an uncommon example of multiple growths from the irides, Mr. Nettleship records in the 1st vol. of the transactions of the Ophthalmological Society of Great Britain. | ,, |
| 755 | Frame B.<br>*Illustrative of ophthalmoscopic appearances associated with interruption to the circulation through the central artery of the retina.*<br>9.—Inverted image of right fundus oculi (by Burgess) drawn five days after sudden loss of vision in the eye, by a patient recovering from acute rheumatism complicated with valvular disease of the heart.<br>10.—Erect image of right fundus occuli (by Boole), drawn January 10th, 1881; showing the opthalmoscopic appearances in a girl aged 19, unaffected with syphilis or heart disease, who had completely lost vision in the eye quite suddenly five days before.<br>11.—Erect image of right macula, January 12th, from same patient as No. 10, but enlarged twice as much.<br>12.—The same as No. 10, but drawn January 16th.<br>13.—The same as No. 11, but drawn January 20th. | ,, |

| No. | Description. | Serie |
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| | 14.—The same as 10 and 12, but drawn April 2nd, and including a larger area of the field. Most accurately representing the evidence of an establishment of collateral circulation in the retinal arteries. | Z |
| | 15.—Erect image of left fundus oculi, accurately separating symmetrical binocular ophthalmoscopic appearances in a boy, aged eleven years, who applied on account of the recent and rapid onset of considerable amblyopia, and in whom no disease other than a dilated heart was discoverable. | |
| 756 | Frame C. | ,, |
| | *Illustrative of ophthalmoscopic appearances associated with albuminuria and diabetes.* | |
| | 16.—Erect image of left fundus oculi, showing early retinal changes associated with albuminuria. | |
| | 17.—Erect image of right fundus oculi, showing more advanced and more typical changes in a case similar to No. 16. | |
| | 18.—Erect image of left fundus oculi, showing very extensive and advanced retinal changes in an old case of granular kidneys, without albumen in the urine, which was of very low specific gravity. | |
| | 19.—Erect image of right fundus oculi, from a patient under the care of Dr. George Johnson, showing monocular retinal changes in a woman, aged fifty-eight, the subject of albuminuria, but whose left fundus oculi presented no abnormal change during some months subsequently. | |
| | 20.—Erect image of left fundus oculi, from a female, aged fifty-eight, the subject of diabetes. | |
| 757 | Frame D. | ,, |
| | 21.—Inverted image of left fundus oculi (by Burgess), showing a stationary condition of retinal vessels (those passing apparently upwards and inwards) present in a youthful eye, not interfering with the acuity of vision and possibly dependent upon an aneurismal varix. | |
| | *From the collection of* Dr. Andrew Clark. | |
| 758 | Drawings illustrating phthisical lesions of the lung. | ,, |
| | *Specimen exhibited by* Dr. Gilbert Barling, Birmingham. | |
| 759 | The patient from whom this specimen was taken was under the care of Mr. Oliver Pemberton for aneurism of the common femoral artery, cured by ligature (by a hempen thread) of the external iliac ten years before death. | M |
| | Death was caused by rupture of an aneurism of abdominal aorta into psoas muscle. | |
| | The external iliac and its continuation are laid open as far as possible, showing complete closure at the seat of ligature, diminution of the calibre of the vessel below, and again complete obstruction of the termination of the common femoral and the origins of the superficial and deep femorals. The aneurism was imbedded in a dense mass of fibrous tissue rather larger than the fist, in the middle of which was the anterior crural nerve. On opening the sac a small quantity of pasty, almost discoloured, | |

| No. | Description. | Series. |
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| | blood was found, but no vessel could be discovered which communicated with the sac. The internal iliac artery at the same side is about twice as large as the corresponding artery of the opposite side.<br>The case which is reported at length in the *Lancet* of July 28, 1877, was regarded as one in which a solid fibrinous tumour had subsequently formed in the original sac. | M |
| | *Exhibited by* Mr. Hutchinson.<br>(Second Series.) | |
| 760 | Photograph of a boy who was the subject of extoscses in connection with most of the long bones. The portrait shows the condition of the right shoulder. The tendency to exostoses had been hereditary in many generations.<br>Portrait showing a peculiar form of lupuson the chest of a man aged thirty.<br>Two portraits, back and front (unfinished), showing lines of pigmented papules in groups, arranged like those of herpes, and quite unsymmetrical. They were congenital. (See also, as illustrating similar conditions, No. and No. .) There are lines also down the front of forearm, as in Mr. Mackenzie's portrait.<br>Portraits of syphilitic gummata in lung and testis. The man died of intestinal obstruction, and was not known to have had lung symptoms. Specimens obtained and given to Mr. Hutchinson by Mr. McCarthy. | Z |
| 761 | *Series of Portraits illustrating Encephalocele and Meningocele.*<br>1.—Pencil sketch showing an occipital tumour (congenital) which had probably resulted from an encephalocele, but which did not communicate with the skull. It was safely excised.<br>2.—Portrait of the tumour after removal, showing its central pedicle.<br>3.—Portrait showing a small encephalocele at the position of anterior fontanelle. The child grew up without increase of the tumour, and in good health.<br>4.—A photograph, showing a very large nasal encephalocele. Given to Mr. Hutchinson by Mr. Alexander Shaw, by whom the case is published in the "Pathol. Soc. Transactions."<br>5.—Portrait showing an occipital encephalocele.<br>6.—Portrait showing a nasal encephalocele in an infant.<br>7.—Drawings given me by Mr. C. T. Bracey, showing the aperture through which a nasal encephalocele had passed. The child died after an operation on the tumour.<br>8.—Sketch of a skull in the Dupnytren Museum, showing an enormous foramen magnum, probably from a case of occipital meningocele (compare with portrait exhibited by Dr. Roddick, of Montreal).<br>Nos. 9, 10, 11, 12, other portraits, photographs, &c., showing different forms of encephalocele.<br>Portrait to show the radiating scars round the mouth in a case of inherited syphilis. | " |

| No. | Description. | Series |
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| | Portrait showing the state of the eyes in a case of very severe sympathetic ophthalmitis, after injury to the left. It was taken a month after the inflammation began. | Z |
| | A very large rodent ulcer on the back of an elderly man. It had existed for many years, slowly spreading, without gland disease. The patient will probably be exhibited amongst living specimens on Friday morning, at 9.30. | |
| | A large gall-stone, passed by an old lady upwards of eighty, who had in former life frequently suffered from biliary symptoms. | |
| | Portrait of a man, aged sixty-five, showing rodent cancer of the skin, near to the lip. It had been present for six years, and two operations had been performed. It began, in the first instance, not on the pro-labium, but on the adjacent skin, and its difference from ordinary epithelial cancer of the lip is shown in the fact of there never having been any gland disease. | |
| | Portrait of an old man, showing a fungating growth of epithelial cancer, springing from the surface of the cornea. | |
| | Portrait of a boy, showing a very unusual form of ulcerated bullous eruption on the face. He had had an attack of it every summer since the age of two, and in some places thin scars had been left. The face and ears were the parts most severely affected, but on one occasion it had come out over the whole trunk. The hands and feet had always escaped. In the first instance it was said to have resembled vaccination spots, and it is possible that it was a form of varicella. | |
| | Portrait showing the ear of the same patient. | |
| | Portrait of hands affected with cheiro-pompholyx. The symmetry of the eruption is to be noticed, and the entire absence of any tendency to eczematous congestion. The lady, from whom the portrait was taken, had suffered many attacks, which always subsided spontaneously in a week or two. The feet were usually slightly affected. The case is published in "Illustrations of Clinical Surgery." | |
| | Three portraits, showing the forearm and hand and the foot of a man, who was the subject of frambœsia. He had worked in mines in South America, at a place where he said the disease was endemic. The case is published in a Catalogue of the New Sydenham Society's Atlas. | |
| | Portrait showing an unusual condition of steatomata in the scalp of a woman on the occiput. Several have coalesced into a large tumour, which has become solid by intra-cystic growths, and over which, in the middle, ulceration has taken place. | |
| | A skull and lower jaw, with numerous osseous exostoses. A very interesting feature in this specimen is that, although there are outgrowths from all the bones of the skull and face, they are strictly limited to the right side. In addition to the exostoses, there is considerable hypertrophic thickening of some parts of the bones which are involved. | |
| | A portion of fibula, enlarged to three times its natural size, roughened on its surface, and sclerosed in its substance. It was excised from a girl of about fifteen years of age, the subject of inherited syphilis, in whom a suppurated node had exposed the surface of the bone. It is exhibited in order to demonstrate | |

| No. | Description. | Series. |
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| | the changes which not infrequently occur in the bones of young persons, the subjects of inherited syphilis—periostitis, thickening, and sclerosis, without any tendency to exfoliation. | Z |
| | A calculus of moderate size, which is peculiar from possessing a thin, coal-black encrustation of oxalate of lime, whilst the bulk of the stone consists of layers of lithic acid and lithates. | |
| | A large calculus, for the removal of which the supra-pubic operation was performed. | |
| | Cast of another calculus of almost exactly the same size and shape, which was removed by lateral lithotomy (by the late Mr. John Adams, at the London Hospital). In the latter case the patient recovered; in the former, not. It is a remarkable fact respecting the first specimen that the patient had had no symptoms whatever until within a few months of the operation. | |
| | A large calculus, showing the very peculiar formation of a keel on each side (unexplained.) | |
| | Various casts of teeth from the subjects of inherited syphilis. | |
| | [Portfolios containing collections of drawings.] | |
| | I.—Rheumatism and Gout, containing (1.) Illustrations of tophi in various positions. (2.) Encrustations in the joints. (3.) Lithate of soda deposits associated with the ordinary changes of senile rheumatic arthritis. (4.) The gouty kidney. (5.) Universal ulceration of cartilage in cases of crippling rheumatism. (6.) A form of arthritis of the terminal joints of the digits occurring in inherited gout. With other sketches and photographs. | |
| | II. Lupus, containing various original portraits of lupus erythematosus and other forms. Also some from Hebra's Atlas. | |
| | III. Congenital Malformations, containing illustrations of hare-lip, malformations of the extremities, absence of digits, encephalocele, and other subjects. | |
| | IV. Molluscum, containing various illustrations of molluscum contagiosum, and molluscum fibrosum. | |
| | V. Herpes and Neuroses, containing (1) a series of face-maps, showing the exact position assumed by the eruption in cases of herpes frontalis and facialis; (2) some portraits of herpes on the chest with the scars of a former attack, and of herpes frontalis. Also (for purposes of reference), some portraits of herpes frontalis, published by Hebra, and Danielssen & Boeck. | |
| | VI. Relapsing Constitutional Skin Diseases, containing portraits of psoriasis, pemphigus, persistent forms of eczema, &c. | |
| | VII. Syphilis, containing portraits illustrating various subjects. [See also two smaller portfolios, "Syphilis," and "Congenital Syphilis."] | |
| | VIII. Eruptions connected with Vaccination, containing (1) Illustrations of unhealthy conditions in the vaccination sore; (2) Inflammatory eruptions (non-specific) following vaccination; (3) eruptions following varicella; (4) vaccination chancres, and specific eruptions after them. | |
| | IX. Diseases of Bones, containing a few sketches illustrating ivory exostosis, multiple exostosis and diseases of joints; also three drawings given by Professor Billroth, showing the results of Pirogoff's amputation. | |

| No. | Description. | Serie |
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| | X. Injuries to the Head and Spine, containing portraits showing the results of fracture of the skull, abscess in the brain, injuries to the cervical sympathetic, meningitis, blood between dura mater and bone, &c. | Z |
| | XI. Miscellaneous, containing illustrations of the results of excision of knee-joint, syphilitic disease of liver, hydatid tumour of liver, &c. | |
| | XII. Animal Parasites. Portraits of various forms of scabies, pedicularia, &c. A series of original drawings by Mr. Tuffen West, showing the sarcoptes, dermactodectes ovis, dermanyssus gallinæ, leptis autumnalis, and other parasites, occasionally attacking man. | |
| | XIII. Erythema and Urticaria, containing portraits of various exceptional forms of these maladies. | |
| | XIV. Miscellaneous, containing various portraits of unusual forms of skin diseases, and (for reference) Hebra's portrait of rhino scleroma. | |
| | XV. Cryptogamic Diseases, containing numerous portraits of favus, ringworm, kerion, chloasma, and a few illustrating the parasitic diseases of plants. | |
| | XVI. Tumours, containing various portraits of innocent and malignant growths in different organs. (See also a smaller portfolio, labelled "Cancer, &c.") | |
| | [Smaller portfolios.] | |
| | XVII. Xanthelasma Palpebrarum, containing portraits of the ordinary forms of this disease in various stages associated with serous cysts, and of that with sebaceous plugs. Also portraits of miliaria and other eruptions on the eyelids. | |
| | XVIII. Congenital Syphilis, containing portraits of syphilitic teeth, diseases of the nails, kerotitis, &c. | |
| | XIX. Syphilis, containing various portraits illustrating different stages of these affections. See also larger portfolio, No. Moles, nævus, and diseases of the nails. | |
| | XX. Pyæmia, containing illustrations of diseases of the head, blood-vessels and viscera, in connection with pyæmia. | |
| | XXI. Diseases of the Tongue, containing illustrations of cancer, smokers' tongue, chronic glossitis, with papillary growths, and leucomata. Leucomata in association with lichen rubra, and other affections. | |
| | XXII. Cancer and Tumours, containing numerous portraits. | |
| | XXIII. Defective Formation of the Teeth, containing numerous illustrations of defects due first to syphilis, secondly to non-specific dermotitis. | |
| | XXIV. Keloid, containing several illustrations of keloid growth in the scars. | |
| | XXV. Diseases of the Eye, containing miscellaneous illustrations of diseases of the eye, not ophthalmoscopic. | |
| | XXVI. Ophthalmoscopic Sketches, containing various ophthalmoscopic portraits. | |
| | A portfolio of drawings, selected from a collection made by the late Professor Partridge. They illustrate chiefly diseases of the heart and arteries, tumours, and malformations. | |

| No. | Description. | Series. |
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| 762 | *Exhibited by the New Sydenham Society.*<br>1.—Portfolio of selections from the drawings and lithographs published in their Atlas of Skin Diseases.<br>2.—Portfolio of selections from the drawings used in their Atlas of Pathology, illustrating diseases of kidney, spleen, supra-renal capsules, and liver. | Z |
| 763 | *Exhibited by* Mr. E. H. Fenwick.<br>Two photographs from patients in whom the superficial abdominal veins were much dilated and varicose. | ,, |
| | *Exhibited by* Professor MacNaughton Jones, Cork. | |
| 764 | *Drawings.*<br>1.—Cheiro-pompholyx from a woman aged forty. Both hands were affected for about six months, and were cured in a fortnight.<br>2.—Sequestrum of clavicle after injury.<br>3.—Eczema of the nipple associated with cancer of the breast | ,, |
| 765 | *Specimens.*<br>4.—The breast from which the preceding drawing was taken.<br>5.—Sarcoma of the clavicle. Several other bones were also affected, one tibia, radius, and ulna.<br>6.—Osteo-sarcoma of the lower end of the femur. | Q<br>C<br>,, |
| 766 | *Diagrams and Drawings of Tumours and Intumescence of the Abdomen, Exhibited by*<br>Dr. Charles J. Hare.<br>*N.B.*—All the drawings marked with red squares are made to scale—*exactly one-fifth of natural size.* The frame used in making these drawings is exhibited.<br>1.—Division of the abdomen by vertical and transverse lines, so as to facilitate the description of the position of the tumours.<br>2.—Abdominal parietes, peculiar laxity of.<br>3.—Peritoneum, cancer of.<br>4.—Omentum, cancer of.<br>5.—Kidneys (movable; hydronephrosis and pyelonephrosis; cystic; cancer).<br>6.—Liver.<br>7.—Spleen.<br>8.—Stomach.<br>9—Ovaries, &c. &c. | Z |
| 767 | *Inquiries into the Physiognomy of Phthisis by the aid of Composite Portraiture, by*<br>Francis Galton, F.R.S., and F. A. Mahomed, M.D.<br>This series of photographs includes portraits of about 450 cases of phthisis, obtained at the Brompton and Victoria Park | ,, |

| No. | Description. | Series. |
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| | Chest Hospital, and at Guy's Hospital; and also of 200 out-patients attending Guy's Hospital, having diseases other than phthisis. The latter have been used for comparison as representatives of the ordinary population of the out-patient class. Composite portraits have been made as follows:—<br>1.—Of cases of phthisis, in groups of fifty, taken without selection, to obtain a general average.<br>2.—Of cases of disease other than phthisis; also in groups of fifty, for comparison with the former.<br>Note the narrower ovoid face, and the more delicate features of the phthisical composite.<br>3.—Of selected cases of phthisis, showing a group with the narrow ovoid face and delicate features—the so-called "tubercular diathesis."<br>Sub-group A, with fine regular features.<br>Sub-group B, with very narrow faces, compressed and prominent features, and large ears. A degraded type.<br>4.—Of selected cases of phthisis, showing the broad, square faces and coarse features of another class of cases—the so-called "strumous diathesis."<br>Sub-group A, a comely type of face.<br>Sub-group B, a coarse, degraded type.<br>5.—Of severe cases of phthisis, selected to show the ravages produced by the disease.<br>The photographs are arranged in two series: the first giving a general view of the whole, arranged without selection, in the order in which they were photographed; the second showing the composites obtained, and their components. Each of these components is equally represented in the composite portrait produced, in which "all that is common remains, all that is individual disappears." They are photographic averages. | Z |
| | *Specimen exhibited by* Mr. Clement Lucas. | |
| 768 | Kidney removed during life. The patient will be exhibited amongst the living specimens. | N |
| | *Specimen exhibited by* Mr. Richard Barwell. | |
| 769 | Head of a child with unilateral hypertrophy. | |
| | *Exhibited by* Mr. H. Moon. | |
| 770 | Models of "syphilitic" and "mercurial" teeth, to illustrate the discussion to be held jointly by Sections VII. and XII. | W |
| | *Exhibited by* Mr. C. S. Tomes. | |
| 771 | Two models of a case, of which there is a complete history. The patient had croup at the age of three, was then salivated, and never had convulsions. To illustrate discussion held jointly in Sections VII. and XII. | ,, |
| | *Photographs and Drawings,*<br>Exhibited by Mr. Clement Lucas. | |
| 772 | Photograph of cross-legged progression (scissor-legged deformity), the result of double hip anchylosis. | Z |

| No. | Description. | Series. |
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| | Drawings of vascular tumour of face and orbit, when first seen, three years ago. Patient will be shown amongst living specimens. | Z |
| | *Specimens exhibited by* Mr. Clement Lucas. | |
| 773 | Scrofulous kidney, removed, during life, from H. L., aged thirty-six, who had suffered from discharging sinus in left loin, and pyuria, for six years. The kidney was excised in February, 1880. The man is now well, and will be shown amongst living specimens. | N |
| 773a | Syphilitic ostitis of ulna, due to hereditary syphilis, and illustrating "diluted syphilis." Patient from whom this arm was removed was the only child of a second marriage, the mother having married twice. The eldest living child of the first marriage was most severely marked, being deaf, almost blind, from keratitis, and showing notched teeth. The mother denied that she had herself ever suffered, and was a very healthy-looking woman, but her first husband suffered from sores on his body. This child had no rash or snuffles when an infant, but at three had disease of the right knee, ending in contraction, and causing her afterwards to walk with a crutch. The disease of the fore-arm was attributed to falls from the crutch. It resisted mercurial treatment. Two years later she had interstitial keratitis. | C |
| | *Specimens exhibited by* Professor George Buchanan, Glasgow. | |
| 774 | Lateral half of tongue, excised for epithelioma. Operation: Section of lower jaw at symphisis; cleavage of tongue; separation of sublingual apparatus from floor of mouth; posterior division of cleft tongue by knife. | U |
| | *Specimens from* | |
| 775 | Messrs. Stokes, Thomson, Stoker, and Corler, Richmond Hospital, Dublin. | |
| | 1.—Transverse fracture of lower section of humerus. | A |
| | 2.—Fracture of great tuberosity of humerus. | ,, |
| | 3.—Colles' fracture of radius. | ,, |
| | 4.—Ditto. | ,, |
| | 5.—Ditto. | ,, |
| | 6.—Epiphyseal of acetabulum. | ,, |
| | 7.—Fracture of spine of tibia. | ,, |
| | 8.—Rheumatic arthritis of glenoid of lower jaw. | D |
| | 9.—Rheumatic arthritis of knee-joint. | ,, |
| | 10.—Neuroma. | E |
| | 11.—Ditto. | ,, |
| | 12.—Ditto. | ,, |
| | 13.—Ditto. | ,, |
| | 14.—Ditto. | ,, |
| | 15.—Ditto. | ,, |
| | 16.—Abscess in bone. | C |

| No. | Description. | Series. |
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| | *Specimen exhibited by* Mr. Couper and Dr. Barlow. | |
| 776 | Scrofulous pyelitis (with dilatation of kidney).<br>This kidney was removed by Mr. Couper, by the operation of nephrectomy, with right lumbar incision.<br>The patient was a girl aged fifteen years. She had a movable tumour, with deep seated fluctuation, situated in the right lumbar region. Urine contained one-third of its volume of pus. The patient excreted about the normal quantity of urea, and her general health had suffered little. She made a good recovery after the operation. | N |
| | *Calculi exhibited by* Mr. Couper and Dr. Barlow, | |
| 777 | which were removed from right kidney by lumbar incision.<br>The patient, a female aged forty-seven, had a tumour in the right lumbar region, and was suffering from fetid pyuria. She had some œdema of feet, had much pain in the loins, was cachectic, and had begun to suffer from repeated vomiting. Under ether, these calculi were felt to grate against each other.<br>A lumbar incision was made by Mr. Couper, the calculi removed, and a large quantity of fetid pus evacuated, but no attempt was made to remove the kidney which was much disorganized and adherent.<br>The patient died within a few hours after the operation. No post mortem followed. | " |
| | *Drawings exhibited by*<br>The Surgeons of the Richmond Hospital, Dublin. | |
| 778 | *Luxations.*<br>147.—Congenital allocation of hip.<br>200.—Luxation of both bones of forearm, upwards and outwards.<br>106.—Congenital luxation of carpus forwards.<br>107.—Dislocation of internal cuneiform bone.<br>164.—Dislocation of tibia forwards.<br>37.—Five plates, showing congenital luxations of lower jaw.<br>38.—Dislocation forwards of lower end of tibia.<br>54*a*.—Symmetrical congenital sub-acromial luxations in a lunatic.<br>175.—Congenital luxation of carpus forward. | Z |
| 779 | *Tetanus.*<br>437 and 436.—Traumatic tetanus. | " |
| 780 | *Tumours.*<br>211, 212.—Erectile tumours of forearm in a child.<br>213.—Sarcoma of jaw.<br>215.—Encephaloid cancer of antrum.<br>214.—Congenital hypertrophy of index and middle fingers, in a girl aged twelve years.<br>216, 217.—Cases of protrusion of omentum through anus.<br>130–132.—Cases of hydrocele of neck.<br>312.—Cancrum oris. | " |

| No. | Description. | Series. |
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| | 313.—Skin keloid of foot, following burn. | Z |
| | 314.—Morbus Addisonii. | |
| | 315.—Button scurvy. | |
| | 316, 317.—Icthyosis. | |
| | 318.—Warty ulcer of marjolin. | |
| | 398.—Mercurial eczema. | |
| 781 | *Elephantiasis Græcorum.* | ,, |
| | $Ad^1$.—Boy aged twelve. | |
| | $Ad^2$.—Molluscum in woman. | |
| | $Ad^3$.—Keloid boy, aged twenty-two. | |
| | $Ad^4$ and $Ad^5$.—Pachydermatocele, before and after operation. | |
| 782 | *Rheumatic Arthritis.* | ,, |
| | (Some of the original drawings for Adam's book.) | |
| | 158.—Hip, showing soft villous prolongations of synovial membrane. | |
| | 161 (1 and 2).—Elbow, with clusters of osteophytes, connected with synovial sac by delicate pedicles. (Preparation also exhibited.) | |
| | 208.—Changes in heads of metacarpal bones. (Head of patient, whose jaw is exhibited.) | |
| | 209.—Of shoulder and hip. | |
| 783 | *Bone.* | ,, |
| | 330.—Abscess in lower end of tibia. | |
| 784 | *Testis.* | ,, |
| | $Aa^1$.—Encysted hydrocele of testis. | |
| | $Aa^2$.—Encysted hydrocele of cord and of testis. | |
| | $Aa^3$.—Tubercle of testis, vas deferens and vesicula seminalis (engraved in Fleming and Thomson's book). | |
| 785 | *Neuromata.* | ,, |
| | (Originals of drawings in R. W. Smith's book.) | |
| | 1.—Of ulnar nerve. | |
| | 439.—Of abdominal nerves. | |
| | 440.—Of superficial nerves of upper extremity. | |
| | 441.—Of left sciatic and its branches. | |
| | 442.—Tumour of 441 laid open. | |
| | 443.—Of right sciatic at sciatic notch. | |
| | 444.—Of right (1), and left (2), phrenic nerves, and (3) right and left vagus nerves, and (4) popliteal and tibial nerves. | |
| 786 | 445.—Nerves of left upper, from brachial plexus to forearm. | ,, |
| | 446.—Nerves of right upper, from brachial plexus to wrist. | |
| | 447.—Left anterior crural nerve. | |
| | All from 439 to 447 are from one patient. | |
| | By Mr. Mc Cormac. | |
| | 450.—Example of general neuromatous condition. | |
| | 458.—Female, aged thirty, neuroma affecting ganglion of 5th nerve, and its inferior maxillary division (neuralgia of most intense character during life). | |
| | 449.—(1) Neuromata on brachial plexus in scirrhus of breast. | |

| No. | Description. | Series. |
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| | (2) Tumour on sciatic removed from a stump.<br>(3) Section of same.<br>(4) Similar specimen.<br>(5) Tumour in popliteal nerve.<br>(6) Tumour on end of median in a stump.<br>451.—Intercostal and sympathetic nerves.<br>452.—Right anterior crural.<br>453.—(1) Left anterior crural; (2) Left vagus in thoracic stage; (3) left phrenic in thoracic stage.<br>454.—Right sciatic.<br>455.—Left sciatic.<br>456.—Brachial plexus of left side.<br>457.—Do. of right side. | Z |
| 787 | Glanders.<br>394.—Boy aged five years.<br>411.—Boy in whom disease developed in hospital, subsequent to admission for an accident.<br>400.—Stomach of ass inoculated with matter taken from pustule of 411.<br>410.—Glanders in a boy.<br>397.—Glanders in a boy. | ,, |
| 788 | *Exhibited by* Mr. Ceeley, of Aylesbury.<br>A large collection of drawings made and described by the late Mr. Robert Ceeley, and illustrating his researches as to vaccination and vaccine affections both in animals and in man. | ,, |

# INSTRUMENTS.

| No. | Description. | Series. |
|---|---|---|
| 1 | Mr. Pridgin Teale. A twitch tourniquet. | Y |
| 2 | Mr. Pridgin Teale. A suction curette. | ,, |
| 3 | Mr. Pridgin Teale. Bulbed probes for treating obstructions of the nasal duct. | ,, |
| 4 | Dr. Dudgeon. A pocket sphygmograph. Size, 2½ inches by 2 inches; weight, 4 ounces. It magnifies the movements of the artery fifty times. The pressure of the spring can be regulated from 1 to 5 oz. (30 to 150 grammes). It requires no wrist rest, and can be applied with equal facility whether the patient be standing, sitting, or lying. The tracings are made on smoked paper almost as quickly as the pulse can be felt with the finger. Its sensitiveness is so great that it will record distinct tracings of pulses that can hardly be felt by the finger. Its construction is so simple that, if accidentally broken, any watchmaker can repair it. | ,, |
| 5 | A microtome exhibited by Mr. Fred. Eve, Curator of Museum, St. Bartholomew's Hospital. A modification of Zeiss's microtome, by Schanze, Pathological Institute, Leipsic. It is more especially adapted for the examination of specimens in *post mortem* rooms, &c., or when an immediate examination is required. The specimen requires no preparation, and is frozen in about two minutes with ether spray, the freezing usually allowing time for ten or twelve sections. By substituting a clamp for the ether stage hardened specimens embedded in wax may also be cut. | ,, |
| 6 | Mr. W. Harrison Cripps. A continuous self-registering thermometer.<br>By this instrument a continuous record of temperature is obtained every quarter of an hour. It has been constantly at work for over six years, and has made 200,000 separate records of temperature.<br>The instrument is in two portions. 1st. The thermometer for registering the temperature; 2nd. The clock-work for registering the hours and minutes. The thermometer consists of six coils of glass tubing, wound concentrically round an axis in such a manner as to form a spiral glass wheel 4 inches in diameter. The last coil is moved slightly away from the others, so that it shall form the circumference of a circle, 5 inches in diameter. To each end of the axis a fine needle-pointed pivot is attached. These pivots rest in minute depressions between two parallel metal uprights. By this arrangement the glass wheel can rotate freely between the uprights. The spirit in the thermometer fills the spiral portions of the tube, and also 3 or | ,, |

| No. | Description | Series. |
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| | 4 inches of the last coil (the one forming the circle). The spirit then comes into contact with a column of mercury, 4 inches in length. Beyond the mercury are a few drops of spirit to moisten the glass. The remaining portion of the tube is hermetically sealed, enclosing a small quantity of air. On the spirit expanding with heat, the column of mercury is driven forwards. This immediately alters the centre of gravity, and the wheel revolves in a direction contrary to that of the moving mercury. When the spirit contracts on cooling, the enclosed air, acting as an elastic spring, keeps the mercury in contact with it, and the wheel regains its original position. By this arrangement the two forces, heat and gravity, acting in contrary directions, generate a steady rotatory motion.<br>The method by which this movement is made serviceable is by a grooved wheel, 2 inches in diameter, fixed to one of the pivots, and therefore revolving with the thermometer. Fixed to and passing over this wheel is a fine thread, from which is suspended a pencil-holder, moving up and down on a vertical slide. The pencil will be raised or lowered, according to the direction in which the wheel is moving. The other portions of the clock-work are arranged in a manner similar to that employed in the barograph. | Y |
| 7 | Dr. Javal (Paris). A new ophthalmometer for determining astigmatism. (Illustrating a paper to be read in Section IX.) | ,, |
| 8 | Dr. George T. Stevens (Albany, New York). A registering perimeter. | ,, |
| 9 | Prof. H. Cohn (Breslau). New plates for testing colour-perception. | ,, |
| 10 | Dr. Ole Bull (Christiania). New plates for testing colour-perception. (Illustrating a paper to be read in Section IX.) | ,, |
| 11 | Dr. Nieden (Bochum). A series of vulcanite artificial eyes. (As described by the author in "Hirschberg's Centralblatt f. Augenheil Kunde," February, 1881.) | ,, |
| 12 | Dr. Knapp (New York). Instruments used in extraction of cataract, with peripheral cystotomy. (Illustrating a paper to be read in Section IX.) | ,, |
| 13 | Dr. Lucien Howe (Buffalo, New York). A new instrument for opening closed pupils. (Description will be read in Section IX.) | ,, |
| 14 | Dr. Marcet. A spirograph.—This instrument is constructed on the principle of the gasometer. It consists of a metal bell-jar suspended over water, and balanced by a weight and pulley, in such a manner that the jar, or air-holder, may be preserved in a state of equilibrium whatever the depth of its immersion in the water. This is done by means of a lever, to which a weight is attached, lengthening as the jar descends into the water, and *vice versa*. An apparatus of this kind used for testing the accuracy of gas meters suggested the construction of the spirograph. Air is introduced into the air-holder through a U-shaped pipe, one end of which opens into a small cap in the roof of the bell-jar, and is just above the level of the water when the jar is fully | ,, |

| No. | Description. | Series. |
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| | immersed. The other end of the pipe is connected through india-rubber tubing with a face-piece. The bell-jar holds rather more than three cubic feet of air, and is graduated on a metal scale into cubic feet, tenths and hundredths. A separate scale gives measurements in litres, and can be easily applied along the fixed scale for litre readings.<br>An arm is fixed to the bell-jar holding a small camel's hair brush charged with indian-ink, while a chart fixed to a barrel revolving once in ten minutes receives the tracing made by the brush. The chart is divided horizontally into lines separated from each other by a distance corresponding to the introduction of one litre (0·0553 cubic feet) of air into the bell-jar. There are three vertical lines on the chart, the cylinder travelling, in its revolution, at the rate of one minute from one of these lines to the next, so that the chart is constructed to record an experiment of three minutes duration.<br>The face-piece made by Coxeter is similar to those used for the inhalation of chloroform or nitrous oxide, and holds two valves which move in the act of breathing without any apparent resistance. One of these valves lets in fresh air for each inspiration, and the other opens to admit the air expired into the bell-jar. The air-holder rises without any apparent weight, the person using instrument breathing as easily as he would under ordinary circumstances, or very nearly so. At first the respiration is often somewhat quickened and increased in volume, but after two or three tracings have been obtained, those that follow are alike.<br>It is obvious that the capacity of the lungs can also be recorded.<br>The object of the spirograph is to test and record the respiration of people suffering from pulmonary affections, and thus be of use as a means of diagnosis. | Y |
| 15 | Mr. Laidlaw Purves.—Opthalmological Instruments.<br>1.—Meridian determinator. The lines act as a test of the refraction in any meridian. The examination may be made with spherical lenses, with cylindrical lenses, or with both combined. The apertures in the central disc give the exact directions of the two principal meridians. The distance between the apertures at which the edges of the diffusion circles touch in any given meridian will give an approximate determination of the refraction in that meridian. Should the edges of the two eccentric diffusion circles not touch the edge of the central one when the apertures stand at equal distances from it, irregular astigmatism is determined, and the difference approximately shown.<br>2.—Ophthalmoscope of 1873, with metrical lenses.<br>3.—Optometers, with metrical spherical, and cylindrical lenses. By these the acuteness of vision is determined at the same time as the condition and degree of refraction.<br>4.—International Calculating Scale for ophthalmological purposes, by which lenses belonging to the French, German, English, or metrical systems may be employed.<br>5.—Modified Stokes's Lens. In this modification the power | ,, |

| No. | Description. | Series |
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| | of the lenses is increased to 1-5th (nearly 8 metrical), and in addition to Dr. Snellen's modification, in which the axis of each lens is obtained, the exact position of the axis of the whole lens is obtained by moving it in a graduated circle. It is employed in combination with the meridian determinator above described.<br>6.—Ophthalmoscope, acting as a modified Stokes's lens. | Y |
| 16 | Mr. Laidlaw Purves.—Otological Instruments.<br>1.—Trephine and double hook for trephining the sclera, and removing foreign bodies from the meatus. This is an enlarged Fabrizzi's trephine for the membrana tympani.<br>2.—Forceps with chamberlain joints.<br>3.—Modified Seigle's speculum, with magnifying lens, artificial membrane, micrometer, and additional tubing.<br>4.—Acoustic determinator, limiting the determination to perosseal audition, and affording comparison of the acuteness of the two acoustics.<br>5.—Eye or ear pad.<br>6.—Binocular otoscope. | ,, |
| 17 | Prof. T. Lazarewitch, Kharkoff, Russia. Gynæcological and Obstetrical instruments.<br>1.—Metallic uterine sound.<br>2.—Curved caoutchouc uterine sound.<br>3.—Straight caoutchouc uterine sound.<br>4.—Dilators of hard caoutchouc. (No. 1 to 4.)<br>5.—Plessimetro-stethoscope.<br>6.—Hammer for percussion.<br>7.—Intra-uterine pessary.<br>8.—Curved scissors for the perinæum.<br>9.—Aid-speculum for exploring and operating on fistula of the vagina.<br>10.—Hysterotome.<br>11.—New constrictor for the removal of uterine tumours.<br>12.—Pelvimeter.<br>13.—Blunt hook with a silk noose.<br>14.—Parallel forceps with the pelvic curve.<br>15.—Straight parallel forceps.<br>16.—Embryotome. | ,, |
| 18 | Mr. James Startin.—"A skin scraper and lancet" The scraper is used in the treatment of acne, to press out the cornedones; the lancet at the end of the scraper, to puncture any pustule or induration that may occur. | ,, |
| 19 | Mr. James Startin.—"A steel ring compress" used for compressing "injected blood vessels in acne," whilst they are divided in the centre, and touched with nitrate of silver. | ,, |
| | Dr. L. Webster Fox.—A New Refraction Ophthalmoscope. | |
| 20 | The main features of this instrument are the toothed wheel mechanism, the short focal length of mirror for direct examination, and the large combination of lenses. Its length is 19 centimetres, and its weight is 80 grammes. It has three mirrors, one plane and two concaves, with focal lengths of 8 centimetres and 20 centimetres respectively. In lieu of the plane mirror a convex lens of 5 centimetres diameter, and focal length of 5 centimetres (+ 18 D) can be furnished. The short | ,, |

| No. | Description. | Series. |
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| | focal mirror is set obliquely, and can be rotated to any angle. The disc, which has a diameter of 42 mm., has 22 apertures, admitting 10 convex and 11 concave lenses. Added to this is a segment of a disc with 5 apertures containing 4 lenses.<br>By combination we have the following range of glasses:<br>+ 0·5, 1, 1·5, 2, 2·5, 3, 3·5, 4, 4·5, 5, 5·5, 6, 6·5, 7, 7·5, 8, 8·5, 9, 9·5, 10, 10·5, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22.<br>− 0.5, 1, 1·5, 2, 2·5, 3, 3·5, 4, 4·5, 5, 5·5, 6, 6.5, 7, 7·5, 8, 8·5, 9, 9·5, 10, 10 5, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 35.<br>The lenses are brought forward by the toothed wheel system. One wheel is set on the disc, a middle below this, and a third or finger wheel lowest of all.<br>They are all enclosed; only the milled edge of the third projecting far enough to allow its being rotated by the index finger. Each lens is centered accurately, with the hole in the mirror, by a spring action having its point of pressure on the peripheral edge of the primary disc.<br>The instrument is well balanced by a good-sized ivory handle, and is packed in a small case. | Y |
| 21 | Dr. David Prince, Illinois, U.S.A.—Some original instruments for facilitating the introduction of deep sutures. | ,, |
| 22 | Dr. David Prince, U.S.A.—An instrument for performing tracheotomy. | ,, |
| 23 | Dr. Alex. Patterson.—Hernia knife, described and figured in *Glasgow Medical Journal*, Feb. 1873. | ,, |
| 24 | Professor Dr. B. S. Schultze, Jena.—Phantom for obstetrical purposes. | |
| 25 | Dr. Guitti, Milan.—Instruments for lithotomy. | ,, |
| 26 | Dr. Edward de Wahl, Dorpat, Russia.—Apparatus for diseases of the knee and ankle, or fractures. By adding a belt, it can be used for disease of the hip. Felt, soaked in silicate of soda or potash, is moulded to the limb, and when dry is fixed to a Thomas's appliance with nails and leather straps. It is very cheap, the one exhibited costing only 16 shillings. | ,, |
| 27 | Dr. Kranz.—The "Tumour-Probe." The tumour-probe consists of a pin with a screw and one eye at the point, and is introduced through the canula of a fine trochar into the tumour, from which the stilet has just been removed. By revolving the probe, the eye and screw will secure and bring up through the canula sufficient of the cells, &c., for clinical and microscopical examination, and thus enable the surgeon to form a differential diagnosis. | ,, |
| 28 | Dr. Samuel Theobald, Baltimore, U.S.A.—A set of lachrymal probes. | ,, |
| 29 | Dr. Samuel Theobald, Baltimore, U.S.A.—An eye bandage. | ,, |
| 30 | Dr. Seaman.—Splint for transverse fracture of the patella.<br>The advantages of the apparatus are—1. Complete apposition and control of fragments. 2. Regulation of joint at any desired angle. 3. Absence of constriction of the parts involved. 4. Ease of application and, comfort to patient. | ,, |

# ILLUSTRATIONS OF DISEASE IN THE LIVING SUBJECT.

The following cases in the Living Subject will be shown in a room adjoining the Museum. The days and time at which each are respectively shown are here indicated, and will be announced in the Daily Programme.

| | | |
|---|---|---|
| True Gout ... ... ... ... | Tues., Aug. 2, 4 p.m. | Dr. Dyce Duckworth. |
| Rheumatic Arthritis ... ... | Ditto | Mr. Hutchinson. |
| Leprosy ... ... ... ... | Wed., Aug. 3, 9.30 a.m. | Mr. Hutchinson.<br>Dr. Radcliffe Crocker.<br>Mr. James Startin. |
| Myxœdema ... ... ... ... | Thurs., Aug. 4, 9.30 a.m. | Dr. W. M. Ord. |
| Ruptured Brahcial Plexus, and other rare forms of Nerve Disease ... ... ... ... | Ditto | Mr. Hutchinson. |
| Rare forms of Skin Disease ... | Fri., Aug. 5, 9.30 a.m. | Dr. Radcliffe Crocker.<br>Mr. Malcolm Morris.<br>Dr. Dyce Duckworth.<br>Mr. James Startin.<br>Mr. Morrant Baker. |
| Charcot's Joint Disease ... | Sat., Aug. 6, 9.30 a.m. | Mr. Herbert Page.<br>Mr. C. Macnamara.<br>Mr. Fred. Treves. |
| Cross-legged Progression ... | Ditto | Mr. Clement Lucas. |
| Nephrectomy ... ... ... | Ditto | Mr. Clement Lucas.<br>Mr. R. Barwell.<br>Mr. Couper.<br>Mr. Morrant Baker. |
| Syphilitic Bone (Hereditary) | Mon., Aug. 8, 9.30 a.m. | Mr. Parker.<br>Dr. Radcliffe Crocker. |
| Syphilitic Teeth ... ... ... | Ditto | Mr. Hutchinson. |
| Osteitis Deformans ... ... | Ditto | Mr. F. Treves. |
| Large Varicose Veins of Abdominal Walls ... ... ... | Tues., Aug. 9, 9.30 a.m. | Mr F. Treves. |
| Pulsating Tumour of Face and Orbit ... ... ... ... | Ditto | Mr. Clement Lucas. |
| Vascular Protrusion of Eyeball, Ligature of Carotid ... ... | Ditto | Mr. Chas. Higgens. |
| Tumour of Groin and Scrotum | Ditto | Mr. Clement Lucas. |
| Rare forms of Skin Disease ... | Ditto | |

Many of these cases are briefly described in the following pages.

*Joint Disease in a case of Tabes Dorsalis (Locomotor ataxy).*

By Mr. Herbert W. Page.

The patient was a man aged thirty. The affection commenced last October, with swelling of the right leg and foot, at first attended by pain. Later the pain passed off, and increasing swelling of the foot was the main symptom.

When seen, the cuboid, scaphoid, three cuneiform, and the metatarsal bones seemed enlarged, and they were freely movable on one another in any direction. Handling the foot did not seem to cause pain. The sole of the foot was doubtfully anæsthetic. A month later there were some broken corns on the sole of the right foot, and a painless ulcer at the extremity of the great toe. A month later still the right foot was much the same, but several "gathered corns" had appeared on the other foot. They were quite painless. There was no peculiarity in his gait. The "knee-jerk" was found to be altogether absent in both limbs, and his pupils showed the "Argyll Robertson" symptom. While under observation the left foot became affected in a similar way to the right, very rapidly, and without pain. He gave the history that four years previously he had suffered from severe pains, like "jumping toothache," down the limbs. Two years ago he had an attack of "nervous debility," of which the most noticeable feature was daily vomiting, which began and ended quite suddenly without a known cause either as to its origin or its termination.

*Case of Ataxic Arthropathy, or Charcot's Joint Disease.*

By Mr. C. Macnamara.

J. W——, aged fifty, admitted into the Westminster Hospital, under Mr. Macnamara, on the 18th May, 1881, as a case of rheumatic arthritis.

Family history points to a certain amount of rheumatism. The patient has been a sober, hard-working man, and not in the habit of consuming much tobacco.

J. W.'s health has been very good up to within the past four months, with the exception of rheumatic attacks, as he calls them, which have troubled him at times for some six or seven years past: he described the pain, without having been prompted, as shooting through his limbs like a shock of electricity; it was sudden, and severe, so that, in his own words, "it brought him to the ground." These attacks of pain were very uncertain as to their duration and frequency. He has not had symptoms of the *crises gastriques*. Twenty years ago, J. W—— had gonorrhœa, but it is impossible to make out any history of syphilis; nevertheless, he has been for some weeks under treatment for ulcerated throat.

Four months ago the shooting pains in both the patient's legs were very severe, and suddenly his right hip and thigh became much swollen; there was no great pain in the part; it was tense from the swelling, and he lost all power of walking, because, as he says, his limb gave way under him; but, as the swelling subsided, he found he could walk about; his right leg, however, was shorter than the left one.

On admission into hospital the patient was a healthy-looking man; his digestion was good, heart normal, urine natural, pulse 72, temperature normal. The patient suffered from no pain, but his right leg was found to be three quarters of an inch shorter than the left one; the foot was neither inverted or everted. There was very considerable swelling about the hip-joint, part of which is caused by the greater trochanter of the femur being drawn backwards and upwards on the dorsum of the ilium; beyond this, however, there is much induration round the joint, and also within the pelvis, rising up to the brim of the pubis. The hip-joint can be moved

about with perfect ease, having a loose, flail-like movement, without causing the patient any pain.

There is absence of patellar tendon reflex.

The sensation of the limb is normal.

The ataxic gait is well marked.

The patient's pupils are contracted to the size of a pin's head, and do not respond to the stimulus of light; but they dilate and contract as the accommodation of the eye is altered. The optic discs are pale.

No other joint of the patient's body is affected but there is grating felt in the knee by the patient, and by the surgeon when the right leg is flexed and extended on the thigh.

### *Second Case of Charcot's Joint Disease.*

By Mr. C. Macnamara.

J. P——, aged forty-eight, was admitted into the Westminster Hospital on the 15th June, 1881, under Mr. Macnamara's care, as a case of probable malignant disease of the right hip or upper part of the femur.

The patient states that his father was in this hospital in 1858 with swelling in the hip, and that he died at home the same year, but I can trace no history of the nature of the complaint from which he suffered.

J. P—— had syphilis when a young man, and was under treatment for this disease for three months. He has suffered from rheumatic pains for twelve years, and for the past three or four years the pains have been sudden and very acute. Without any peculiar cause, his right hip from the groin almost to the knee became suddenly swollen on the 2nd of March last; there was little pain, only stiffness of the limb from the swelling, which has since gradually subsided, but the patient is lame from "weakness of the limb."

On admission into hospital J. P. was a healthy, well-nourished man; his digestion good; he had never suffered from the crises gastriques of Charcot. His right leg was half an inch shorter than the left one, and the upper extremity of the femur, that is the trochanter, was drawn backwards and upwards on the dorsum of the ilium. There was much induration and swelling round the hip and within the brim of the pelvis. The hip-joint could be moved in any direction without pain.

Patella tendon reflex action exists, and the symptoms of ataxia are very obscure in this case. The pupils respond to light. Optic discs pale.

### *Cases of True Gout, exhibited by* Dr. Dyce Duckworth.

1.—Inherited gout in the female; first attack at seventy years of age.—S. V., aged eighty-one, suffered from gouty arthritis for ten years. First attack in right great toe and left hand. Father, and paternal grandfather, gouty. Her son, aged forty-four, has had tophi removed from one eyelid. A daughter has also had gout. Uratic deposit in right forefinger. Kidneys probably granular. No albuminuria. Always temperate.

2.—Seemingly acquired gout. Uratic deposits in fingers.—W.B., male, aged thirty-eight. First attack in great toe ten years ago. Parsnip-like deformity in fingers. Tophaceous masses in many joints and adjacent textures, especially right fore and little fingers, left thumb (five inches in circumference), and little finger (four inches in circumference). Tophus in left ear. Chronic nephritis, with albuminuria. Has drunk freely of beer.

3.—Seemingly acquired gout. Uratic deposits in hands and left ear. Probable saturnine influence.—R. H., aged forty, painter and paperhanger. First attack

sixteen years ago, in ankles. Uratic deposits in hands for six years, in left ear for eighteen months. Parsnip-like fingers. Joints enlarged, as well by arthritis as by uratic infiltration. A large tophus burst, and discharged five years ago, on left middle finger. No history of gout in family. Drank much beer from early boyhood. In this, and in Case 2, the absence of overt uratic deposit from the feet is noteworthy. The toes are deformed by gouty arthritis, which some authorities would regard as of "rheumatic" origin. No Burtonian line on gums. Several attacks of lead colic six and seven years since. No albuminuria.

4.—Strongly inherited gout. Tophi on the nose.—W. G., aged sixty-two, a corn-porter. First attack in right big toe ten years ago. Left hand has suffered much. Three tophi at end of nose, none on hands or ears. Both parents suffered much from gout. No albuminuria. Has drunk two or three pints of beer daily.

5.—Seemingly acquired gout. Chronic interstitial nephritis. Tophi in ears.—W. G., aged sixty-one, skin dresser. An Irishman, having lived forty-five years in England. First attack seven years ago, in left great toe; subsequent attacks in hands and wrists. First phalangeal joints enlarged. Fingers straight. Tophi in ears. Œdema of legs. Urine not albuminous. Has drunk beer. (Illustrating how an Irishman becomes gouty in England.)

6.—Inherited chronic gout. Tophus in pulp of left thumb. A. R., aged forty-eight, formerly in London police. First attack nine years ago, in left knee. Great toes never affected. Fingers distorted—deflected to ulnar side, some partly flexed into palms. Uratic deposit in pulp of left thumb. Enlarged bursa, full of "melon-seed" bodies (tophi ?), over olecrana. Probably granulating kidneys. Has drank beer freely. Youngest son of gouty father.

7.—Rheumatism and true gout; the latter seemingly acquired. Tophus in left ear. Morbus cordis.—E. S., female, aged forty-three. Said to have had several attacks of rheumatic fever, the first at the age of seventeen. Gout has attacked feet, knees, elbows, and hands several times yearly for many years. Tophus in helix of left ear, first noticed three years ago. (Very rare in women.) Stenosis of mitral valve. Kidneys probably "mixed-granular," urine albuminous. Has drunk beer freely.

### *Case of Scar-Keloid of Alibert undergoing Involution.*

*Exhibited* by Dr. Dyce Duckworth.

J. W., aged fifty, dark-haired, muscular man. Suffered from rheumatic fever on two occasions in 1871. He had pericarditis each time. Under my care he was blistered with liq. epispasticus over the præcordia. In the course of nine months after the second attack, lines of pink keloid growth began to appear in the scar left by the second blister, and they grew rather rapidly. In two years' time there were two portions of keloid lying across the sternum, and they appeared to be enlarging slowly. Seven years later, the pink raised growths were found to be subsiding in parts, common, pale, scar-tissue occupying their place. At this date, ten years since the growth began, involution is still more marked, and no extension seems to have occurred. Stinging sensations in it, formerly troublesome, are now hardly so. The pale scar-tissue is much less raised than was the keloid growth.

### *Case of Vascular Protrusion of the Eyeball, cured by ligature of the common carotid.* By Mr. Charles Higgens.

Female, aged forty-two, admitted into Guy's Hospital, March 2, 1880. History of four months' symptoms, commenced spontaneously with attack of inflammation of the left eye. Protrusion of eyeball first noticed two months before admission.

At no time was there complaint of noise in the head, but patient noticed a "ticking" in the left ear.

On admission, the left eye was protruded straight forward. The lids could be closed without difficulty. The conjunctiva was congested and œdematous, the upper eyelid swollen and puffy.

No noise in the head except the ticking already referred to.

Stooping or coughing increased the protrusion of the eyeball.

No diplopia—movements of globe perfect.

*Vision.*—Left eye $\frac{6}{36}$, right eye $\frac{6}{18}$. (Patient cannot read—barely knows letters.)

Much venous congestion of left retina. Strongly pulsating swelling situated in substance of lower eyelid, near its inner extremity; strong pulsation felt by finger pressed on upper eyelid near inner canthus.

Loud systolic bruit heard all over head, but especially loud over centre of left parietal bone and closed lids of left eye.

Pressure on left common carotid entirely stopped pulsation and bruit.

Patient was kept at rest on low diet; ice applied to the head, and purgatives given occasionally, for six weeks.

On April 15, the symptoms having gradually increased in severity, the left common carotid was ligatured. On tightening the ligature the congestion disappeared, the bruit and pulsation ceased.

Two days later right hemiplegia commenced and became complete in two days more; remained complete for five days, then gradually passed off.

After this the patient made an uninterrupted recovery, and was discharged on July 11th in much the same condition as at present.

### *Case of Inherited Syphilis by* Mr. R. W. Parker.

A young woman, the subject of inherited syphilis, with osseous nodes on the lower jaw and other bones.

### *Cases of Myxœdema by* Dr. W. M. Ord.

The cases exhibited illustrate the malady in various stages of progress.

Briefly, the points to which attention is drawn are :—

1.—A general swelling of the skin over the body, without hardening, and without albuminuria. The skin is everywhere rough, dry, and translucent; the œdema which produces the swelling does not gravitate, and does not pit on pressure.

2.—In the face, marked broadening of all the features; bagging of the eyelids, lower as well as upper; a deep bluish crimson flush on the cheeks, ending abruptly at the margin of the orbits, and contrasting strongly with pallid eyelids; a heavy, weary expression.

3.—A characteristic slow articulation, often slovenly and imperfect; a leathery unmusical intonation of voice, with other signs of swelling in the posterior nares. With this a general slowness of perception, thought, and movement, of which the patient is painfully conscious; impairment of memory; gradually increasing irritability of temper, with marked tendency to unreasonable suspicion. Subjective disorder of taste and, smell; none of sight, and generally none of hearing.

4.—Feeble gait, with short breath. The patients totter at times, and occasionally fall suddenly on their knees from giving way of the extensors. In some, the head droops painfully on the chest.

5.—The temperature is always subnormal, and the patients suffer severely from sensations of cold.

6.—The hair and teeth tend to degenerate and be lost.

7.—There is no specific bodily lesion, but the connective tissue throughout the body is swollen; the fibrillar element, the interstitial cement, and the nuclei are greatly

increased in their proportion to the yellow element, and microscopic sections remind one strongly of the structure of the umbilical cord. The interstitial cement yields a great excess of mucin. The connective tissue, thus altered, invades the parenchyma of glands, and causes atrophy thereof. This is seen in the thyroid body, liver, and kidneys most plainly. The same sort of process can be seen in the brain, spinal cord, and muscles.

8.—No common cause can be traced. The disease occurs usually in women above thirty, married or unmarried; much more rarely in the author's experience in men. It may follow pregnancy, or pregnancy may occur and recur during its progress. There is no reason to attribute it to alcohol or syphilis. It is held by several observers that the disease is of nervous origin; the author believes it to be essentially a disease of the connective tissue.

9.—Death occurs in various ways; most commonly through degeneration of the kidneys and uræmia; sometimes by mania; sometimes by simple debility.

*Cases of Skin Disease by* Mr. JAMES STARTIN.

1.—Six cases of lupus erythematosus and two of lupus exulcerans, that have been under treatment by caustics.

2.—Case of true Eastern leprosy, in a soldier, who has served some years in the Indian army. Duration of disease, ten years. Shows well marked tubercular anæsthetic patches, thickening of ulnar and cutaneous nerves, brown maculæ, and wasting of muscles of thumb and interossii.

3.—A case of xanthelasma, in a child, aged five years, showing well-marked symmetrical patches of the disease on folds of buttocks, popliteal spaces, and posterior parts of elbow joints. Began when three years old.

4.—A case of leucoderma, in a man who has been in Canada, and sent home, not being able to stand the cold; with well defined patches of the disease on forearms, flanks, and chin. About one year's duration. Sensation unimpaired in patches.

5.—A case of xeroderma, in a child, aged ten years, on the plantar surface of feet, and palms of hands. Began at three months old. The skin shows hard, yellowish, horny plates of epidermis.

*Lupus Erythematosus, by* Mr. MALCOLM MORRIS.

Case 1.—W. E., aged thirty-eight. Father is living, aged seventy-three. Suffers from epilepsy. Mother died at patient's birth. Had always enjoyed good health. Brothers and sisters healthy. Disease began as a small red patch beneath the right eye, about five years ago. Shortly after, another patch appeared on the left cheek, and another about the centre of the scalp. He says he bathed a good deal in the sea, and was exposed to the sea just before the eruption first appeared. Is a draper by trade.

Case 2.—Most extensive—involving the whole of the right leg, and a greater part of thigh. Patches on both arms, and left leg. Great destruction of tissue on the scalp and face.

C. N., aged sixty-four. Father died when quite young, of decline: mother, at patient's birth. Always enjoyed good health till the age of forty-four, when the disease first showed itself on the right ankle, after a slight attack of dropsy. Nine years ago it began on the scalp, and has since slowly spread over the forehead, nose, and cheeks.

By Mr. RICHARD BARWELL.

1.—Deficient development of face. Supernumerary auricles, and non-completion (right side) of labial commissure.

2.—Case in which the left kidney was removed for ne o-lithiasis.

By Dr. BARLOW.

Case of aphasia, with right brachial monoplegia, in a boy, the subject of hereditary syphilis.

*Living Specimens exhibited by*

Mr. CLEMENT LUCAS.

1.—*Nephrectomy* (Living Subject).

H. L., aged thirty-six, had suffered from a discharging sinus in the left loin and pyuria for six years. The diseased kidney was excised on February 17th, 1880. The wound is soundly healed, and the patient's health greatly improved.

2.—*Tumour of Groin and Scrotum* (Living Subject).

A. B., aged fifty-one. Swelling commenced seven years ago, and increased gradually. Scrotum measures 27 inches in circumference.

3.—*Pulsating Vascular Tumour of Face and Orbit* (Living Subject).

M. L., aged twenty-eight, a Canadian. At the age of eighteen suffered severe toothache on the right side of his face, accompanied with swelling. The swelling subsided, except a small portion beneath the eye, from which, as a centre, the large protrusion gradually extended. Ligature of the external carotid, electrolysis, galvanic cautery, and subcutaneous ligature have been tried, and excision has on several occasions been attempted with partial success.

4.—*Cross-legged Progression, the result of Double Hip Anchylosis.*

(i.) D. P., aged forty-seven, in whom the hips are not dislocated, but firmly fixed in the cross-legged position.

(ii.) E. G., aged ten, in whom both hips have undergone pathological dislocation without suppuration.

Mr. HUTCHINSON will exhibit three cases of true leprosy in the fully developed condition, showing both tubercular and anæsthetic changes. All the patients are Europeans, who have resided in leprosy districts, two in India, and one in Burmah.

A case in which recovery from severe tubercular leprosy has taken place. The patient is a European, who formerly lived in Jamaica, where she became the subject of the disease.

Some cases of severe bone disease in connection with hereditary syphilis.

Some cases showing malformations of the teeth, syphilitic and otherwise.

Some cases of xanthelasma palpebrarum.

A series of cases illustrating gout and rheumatic arthritis, either separately or in association.

Two cases, in which it is believed that the roots of the brachial plexus have been torn through, and in which one upper extremity is paralysed as regards both motion and sensation.

# MICROSCOPICAL DEMONSTRATIONS.

Microscopical Demonstrations will be held in a room adjoining the Museum, on Thursday and Friday afternoons, at 3 P.M.

Thursday, August 4, at 3 P.M.

| | |
|---|---|
| (1) Double and Treble Staining of Animal Tissues ... ... ... ... ... ... | Dr. Heneage Gibbes. |
| (2) Stereoscopic Effect with High Powers, and its Application to Minute Relative Anatomy ... ... ... ... ... ... | |
| Fatty Embolism ... ... ... ... ... | Mr. C. W. M. Moullin. |
| Leprosy... ... ... ... ... ... ... | Dr. Phin. S. Abraham, Dublin. |
| Leprosy... ... ... ... ... ... ... | Mr. Malcolm Morris. |
| Interstitial Nephritis, with Deposit of Urates (Gouty)... ... ... ... .. | Dr. W. M. Ord. |
| Tuberculous Disease of Eyeball ... ... | Dr. Hirschberg, Berlin. |
| Ditto ditto ... ... | Mr. Story, Dublin. |

Friday, August 5 at 3 P.M.

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| Anatomical Sections of Medulla Spinalis Oblongata ... ... ... ... ... ... | Dr. Laura, Turin. |

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